

## APPLICATION FORM

**Program Type:** Re-seller (For Singapore Market)  
System Integrator (For Singapore Market)  
Distributor (For Oversea Market Only) - specify country:

### Company Information:

Company name: \_\_\_\_\_ Year established: \_\_\_\_\_  
Website URL: \_\_\_\_\_  
Address: \_\_\_\_\_  
ZIP/Postal code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone number.: \_\_\_\_\_  
Fax: \_\_\_\_\_

Type of Business:    Sole Proprietor                      Limited Company                      Partnership  
                                 Public Listing Company                      Corporation                      Others

Nature of Business: Manufacturer / Distributor / Trader / Others

Type of products or services sold:

Products Interested:

Estimated Monthly Purchased Amount (SGD/USD):

### Primary Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Role: \_\_\_\_\_  
Phone number.: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby declare that all information provided above are true & correct.

\_\_\_\_\_  
Name & Designation

\_\_\_\_\_  
Authorised Signature  
& Company Stamp

\_\_\_\_\_  
Date