

Date

Web ASP Sdn. Bhd. (832475-W)

SST ID No: W10-1808-31015402

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Important:

Your Application Service Provider (ASP/23/2009)

Please Provide us the following documents :

Reseller APPLICATION FORM

1 Form 24 and 49 2 Company Registration 3 A copy of I/C (for personal application only)		Registration has to be made by an Authorized staff of the company	
1.0 COMPANY DETA	ILS/ PERSONAL DETAILS		
Company Name / Personal Name	:	Mobile Number	:
Address	:	Office Number Fax Number	:
		Email Address	:
2.0 Contact Perso	onal		
Name	:	Mobile Number	:
Designation	:	Email Address	:
3.0 Payable Deta	ils		
Payable Name	:	_	
Bank Name (1)	:	Bank Name (2)	:
Bank Account(1)	:	Bank Account(2)	:
4.0 Acknowledgmen	nt		
-	e that declare I $/$ We wish to apply as a I/We agreed to be bound by the stated t		-
Authorized Signatu	re and Company Stamp	Date	:
5.0 FOR OFFICE U	SE ONLY		
Commission Rate:		Remark	:
Interview by	:		