



Re-seller (For Singapore Market)

System Integrator (For Singapore Market)

## **APPLICATION FORM**

**Program Type:** 

	Distributor (For Ove	ersea Market Only) - specify country:	
Company Inform	ation:		
Company name:			Year established:
Website URL:			
Address:			
ZIP/Postal code:			
Country:			
Phone number.:			
Fax:			
Type of Business:	Sole Proprietor	Limited Company	Partnership
	Public Listing Compa	ny Corporation	Others
Nature of Business: I	Manufacturer / Distributo	r / Trader / Others	
Type of products or	services sold:		
Products Interested:			
Estimated Monthly I	Purchased Amount (SGD/	USD):	
Primary Contact I	nformation:		
First Name:		Last Name:	
Job Title:		Role:	
Phone number.:		Email Address:	
I hereby declare tha	t all information provided	l above are true & correct.	
Name & Designation		Authorised Signature	 Date
rame a Designation		& Company Stamp	Date