



MOBILE STOCKIST APPLICATION FORM

I. APPLICANT INFORMATION

N A M E:

MEMBER ID: STATUS: BD SD GD ED DD

IC NO:

MOTHER NAME:

ADDRESS:

PHONE NO: FAX NO:

DATE OF BIRTH: Gender: MALE FEMALE
dd mm yy

II. INTRODUCER INFORMATION

N A M E:

MEMBER ID: STATUS: BD SD GD ED DD

PHONE NO:

I, with Member Code No: residing at the above stated address formally signify my interest to apply for a Mobile Stockist at the above given center address or territory. I promise that I will follow and adhere faithfully to Company's Policies and Procedures on Sales, Operations and Recruitment, Mobile Stockist Rules and Kanzas Distributor's Code of Conduct. I hereby declared that the above information provided by me are true and correct to the best of my knowledge. That the Company reserves the right to disapprove my application for any misrepresentation thereof, and/or cancel the Mobile Stockist Memorandum of Agreement for any violation of the above policies, rules and regulation committed by the under-signed.

 Signature of the Applicant/Date

Recommended by: _____
 Signature/Date

FOR OFFICE USE ONLY
(do not fill-up)

DATE OF APPOINTMENT:
dd mm yy

APPLICATION PROCESSED & CHECKED BY: _____ ID

APPLICATION APPROVED BY: _____

 Print Name & Signature

 Print Name & Signature