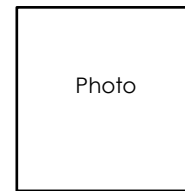


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## DROPSHIP AGENT APPLICATION FORM

### GENERAL INFORMATION

Kindly read instructions below before completing the form [ √ ] Tick where applicable

#### INSTRUCTION FOR COMPLETION OF APPLICATION

1. Please write in BLACK PEN.
2. Form that is incomplete, illegible or deface in any way may result in the application being rejected.

#### INDIVIDUAL

Name (As per NRIC/Passport) :				
Salutation :				
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> En	<input type="checkbox"/> Cik	<input type="checkbox"/> Dr
<input type="checkbox"/> Datuk	<input type="checkbox"/> Dato'	<input type="checkbox"/> Datin	<input type="checkbox"/> other, please specify _____	
Nationality :	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Others :		
New NRIC / Passport :	Old NRIC No. :			
Date of Birth :				
Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Race:	<input type="checkbox"/> Malay	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Others, please specify _____
Bumi Status :	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Malaysian Permanent Resident (For foreigners only):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Marital Status :	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Permanent / Registered Address :				
Correspondence Address (if different from above) :				
Contact No :	Email :			

## YOUR BUSINESS

Business Name :	Registration No. :	
Business Address :		
Tel :	Email :	Website :
Social Media :	<input type="checkbox"/> Facebook : _____	<input type="checkbox"/> Twitter : _____
	<input type="checkbox"/> Instagram : _____	<input type="checkbox"/> Others : _____
Do you have experience in selling similar products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently selling the product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state the brand of the product :		
Please state your monthly/annual turnover (RM)		
	<input type="checkbox"/> 1000 – 2000	<input type="checkbox"/> 3000 – 4000
	<input type="checkbox"/> 2000 - 3000	<input type="checkbox"/> Others, Please specify : _____
Please give us a short insight into your business and why it's particularly special :		

## RAYYAN HAYA'

Where have you heard about us? :		
<input type="checkbox"/> Friend or Relatives	<input type="checkbox"/> Social Media : _____	
<input type="checkbox"/> Media/Newspaper/Magazine	<input type="checkbox"/> Media : _____	
Please state reason why you want to be our dropship agent? :		
Describe your target market:		
Who :		
Where :		
State your forecast monthly sale (RM) :		
	<input type="checkbox"/> 1000 – 2000	<input type="checkbox"/> 3000 – 4000
	<input type="checkbox"/> 2000 - 3000	<input type="checkbox"/> Others, please specify : _____
Briefly outline your marketing strategy :		

Declaration:

[ ] I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature:

Date:

-----

For Office use only:

Approved by :

Submission Date :