



Health & Health Marketing Sdn Bhd (Co. 506200 D)(AJL: 931364)

24-3A, Sri Desa Entrepreneurs' Park, Jln 1/116B, Off Jln Kuchai Lama, 58200 Kuala Lumpur, Malaysia.
Tel (603) 7987-2778 Fax (603) 7980-2799
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MASTER STOCKIST APPLICATION FORM

I. APPLICANT INFORMATION

NAME:

MEMBER ID: STATUS: BD SD GD ED DD

IC NO:

MOTHER NAME:

ADDRESS:

 Zip:

PHONE NO: FAX NO:

DATE OF BIRTH: Gender: MALE FEMALE
dd mm yy

II. MASTER STOCKIST LOCATION INFORMATION

ADDRESS:

 Zip:

PHONE NO: FAX NO:

MASTER STOCKIST FLOOR AREA: TOTAL: _____ sq.t. MASTER/SELLING AREA: _____ sq.f.

SEMINAR/MEETING AREA _____ sq.f. OTHER FACILITIES: _____

BUSINESS HOURS: _____ to _____ (Monday-Saturday) NON-WORKING DAY: _____

III. INTRODUCER INFORMATION

NAME:

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 Master 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, Master Stockist Rules and Kanzzs 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 Master 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: ID
dd mm yy

APPLICATION PROCESSED & CHECKED BY: _____ APPLICATION APPROVED BY: _____

Print Name & Signature

Print Name & Signature