

HYLA AUTHORIZED RESELLER APPLICATION FORM

(Complete in full and do not use abbreviations. Please print clearly or type)

The filling of this application does not oblige the applicant to become an Authorized Reseller of HYL

Personal Information

Applicant's Name	:		NRIC No.	:	
Address	:				
	:				
	:				
City	:		State	:	
Postal Code	:		Country	:	
Phone No.	:	(H)	(M)	:	
Email Address	:				
Marital Status	:				
Spouse's Name	:				
Spouse's Occupation	:				
Total No. Dependants	:				

Employment / Business Experience

(Please attach a separate sheet if additional space needed)

Position	:				
Company	:				
Address	:				
	:				
	:				
City	:		State	:	
Postal Code	:		Country	:	
Phone No.	:		Annual Income	:	
Position	:				
Company	:				
Address	:				
	:				
	:				
City	:		State	:	
Postal Code	:		Country	:	
Phone No.	:		Annual Income	:	

What is your location preference?

State : City : Location :

Do you plan to have equity partners?

YES

NO

If YES, complete the following: -

Name of Partner	:				
Relationship	:				
Address	:				
	:				
	:				
City	:		State	:	
Postal Code	:		Country	:	
Phone No.	:	(H)	(M)	:	

Name of Partner	:		
Relationship	:		
Address	:		
	:		
	:		
City	:	State	:
Postal Code	:	Country	:
Phone No.	:	(H)	(M)

Name of Partner	:		
Relationship	:		
Address	:		
	:		
	:		
City	:	State	:
Postal Code	:	Country	:
Phone No.	:	(H)	(M)

Name of Partner	:		
Relationship	:		
Address	:		
	:		
	:		
City	:	State	:
Postal Code	:	Country	:
Phone No.	:	(H)	(M)

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SCHEDULE A - FINANCIAL (CASH ON HAND AND IN BANK)		
* Kindly attached the documents		
Name of Bank / Financial Institution	Country	Amount

SCHEDULE B - CASH VALUE OF LIFE INSURANCE		
* Kindly attached the documents		
Name of Insurance Company	Face Amount	Cash Value

SCHEDULE C - REAL ESTATE OWNED					
* Kindly attached the documents					
Description of Property	Name on Title	Purchase Price	Market Value	Balance Owed	Mortgage Holder

References:
 List three **(3)** References you have known at least 5 years (Do not include relatives).

Name	Address	Relationship	Contact No.

List of Business:

List all Business In Which You Have Financial Interest.

Name	Address	Position	Year Started	Shareholding Percentage (%)

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**Personal Financial Statements as
of**

Assets

Cash on Hand & In Bank : RM _____
Cash Value of Life Insurance : RM _____
Real Estate Owned : RM _____
Other : RM _____
: RM _____
: RM _____
: RM _____
: RM _____
: RM _____

Liabilities

Real Estate Mortgage(s) Payable : RM _____
Loan Against Cash Value of Life : RM _____
Insurance : RM _____
: RM _____
: RM _____
: RM _____
: RM _____
: RM _____
: RM _____

Total Assets : RM _____ **Total Liabilities** : RM _____

Net Worth (Total Assets - Total Liabilities) : RM _____

I understand that the granting of Reseller license is at the sole discretion of HYL A.

I understand that I and/or representatives will have to be successfully complete HYL A Store's training program and competent to operate prior to the start of business operations.

I have read this application and everything I have stated in it is true. I understand that HYL A, in granting me a Reseller license, will rely upon the information provided by me.

Applicant's Signature : _____
Name : _____
NRIC No. : _____
Date : _____

PERSONAL DATA PROTECTION NOTICE

In line with the Personal Data Protection Act 2010, you are hereby informed that all the information provided by you in this form will be processed by us in accordance with the Personal Data Protection Notice (the Privacy Notice) that is available at our website [www.hyla.my]. By filling in this form, you are deemed to have read and understood the Privacy Notice and acknowledged and agreed to be bound by the terms of the Privacy Notice and you hereby consent to the processing of your Personal Data by us as described in the Notice.

NOTIS PERLINDUNGAN DATA PERIBADI

Selaras dengan Akta Perlindungan Data Peribadi 2010, anda dimaklumkan bahawa semua maklumat yang diberikan oleh anda dalam borang ini akan

diproses oleh kami mengikut Notis Perlindungan Data Peribadi (Notis Privasi) yang boleh didapati di laman web kami [www.hyla.my].

Dengan mengisi borang ini, anda dianggap telah membaca dan memahami Notis Privasi dan mengetahui dan bersetuju dengan terma-terma Notis

Privasi, dan dengan ini anda bersetuju untuk pihak kami memproses Data Peribadi anda seperti yang dinyatakan dalam Notis.

APPLICANT'S DECLARATION

Pursuant to the Credit Reporting Agencies Act 2010 ("Act"), we and I/We, the following individuals whether as Individual or as Directors / Shareholders / Business Interest Parties do hereby give consent to you to obtain and/or disclose any Credit Information (as defined in the Act) relating to me/our company from and/or to RAM Credit Information Sdn Bhd or any source deemed appropriate to verify my/our credit history as you and/or RAM Credit Information Sdn Bhd or any source deemed appropriate may deem fit under any applicable law, regulation, guidelines, regulatory requirement or directive in relation to my/our company's credit application or transaction with you for the following purposes (but not limited to) opening of account, credit evaluation, credit/account review, credit/account monitoring, debt recovery purposes, scoring solutions, legal documentation and/or action consented to a contract or facility granted. Such consent shall remain applicable as long as I/our company am/is maintaining an account/loan/credit/any transaction with you.

Applicant's Signature	:	_____
Name	:	_____
NRIC No.	:	_____
Date	:	_____

I hereby authorize HYL A, its agent and all credit agencies, educational institutions, corporations, current and former employers, law enforcement and government agencies, city state, country and federal courts, military services and persons to release any information they may have about me to the company with which this has been field, or their agent.

I release HYL A and/or its agents and any person or entity which provided information pursuant to this information, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all referenced sources used.

Applicant's Signature	:	_____
Name	:	_____
NRIC No.	:	_____
Date	:	_____

Kindly email the form and the required attachment to : -

HYLA Premium Boutique (M) Sdn. Bhd.

Suite 1-13-01, M-City Ampang, Tower 1,

No. 326, Jalan Ampang, 50450 Kuala Lumpur.

Attention to : Business Development Department

Email Address : corporate@hyla.my