

Agent / Stockist Application Form

Name/Company									
IC No/Co Reg No					Email				
Address					Tel No				
					HP No				
					Fax No				
					Postcode				
Bank Name					Bank A/C No				

Introducer Name									
Introducer I/C No					Introducer Agent Code				
Placement Name									
Placement I/C No					Placement Agent Code				
Beneficiary Name									
Beneficiary I/C No					Tel No				

APPLICANT'S PLEDGE

I/We hereby certify that all the above information is true. I/We hereby undertake to provide additional information/documents if so required. I/we are aware that KODANA BERHAD will rely upon this information in collections of any debt or payment of any incentives.

Signature _____
Name _____
Date _____



Please make Cheque Payable to KODANA
BERHAD
Delivery At Cost

For Office USE

Agent / Stockist Code	
Date Accepted	
Registration	RM
GREAT BFE	RM
Bottle / Box	RM
Less (Direct Intro Fee) ^{Litre}	RM
Total	
Payment Type: Cash/ Cheque	
Receipt No	
Remarks	
Processed By	