



BALUNG STOCKIST APPLICATION FORM

Stockist for the State of

A) Company Details

Business Name : _____

Registered Address : _____

Telephone no. : _____

Fax no. : _____

Contact Person : _____

Telephone No. (Office) : _____

Telephone No (Mobile) : _____

Email Address : _____

B) Individual Details

Name : _____

Age : _____

Current Occupation : _____

Address : _____

Telephone no. : _____

Email Address : _____

C) Stockist Type

- Wholesale Direct Selling Retail Shop
 Others; Please Specify: _____

D) Authorized Signature

Authorized Signature : _____
Name : _____
Date : _____
IC No : _____

Company Stamp : _____

E) Declaration

I/We hereby declare that all information contained in this Registration Form is true. I/We agree to be STOCKIST for Balung and will abide the rules and terms that been fixed by BALUNG NATURAL HERBAL. I/We shall undertake to promptly inform BALUNG NATURAL HERBAL of any changes to the information supplied and agree to accept the terms and conditions as laid down by BALUNG NATURAL HERBAL from time to time.

The completed Registration Form should be faxed or emailed to:

**Balung Natural Herbal
No. 20B, Jalan Datuk Sulaiman
Taman Tun Dr. Ismail
60000 KUALA LUMPUR**

FAX 03-77278132

**Emails should be mailed to
osmady@balungplantation.com**

**For more information on BALUNG, kindly visit our website at www.balungplantation.com
or call us at 03-77278133**

F: For Internal Use

Date Submitted : _____
Stockist's Code : _____
Approved By : _____
Date : _____
Remarks : _____

