



IGLOOL SDN BHD

APPLICATION FORM

INSTRUCTIONS FOR APPLICANTS

- 1) The information as required in this Distributor Application Form will be used as a basis to determine your suitability as an iGlool Distributor.
- 2) All information provided by the Applicant will be treated with strictest confidence.
- 3) Should you qualify as an iGlool Distributor and a mutual interest develops, relevant additional information may be required.
- 4) This Distributor Application Form will only be processed if all the information required is fully provided.
- 5) This Distributor Application Form is not a contract and does not obligate either party in any manner.
- 6) Please email to fred@iglool.com or info@iglool.com



LICENSEE APPLICATION FORM

This application form is used for enquire additional information, purchasing a new license, an additional license, or the purchase and transfer of an existing Kiosk. The filing of this form does not obligate the "Applicant" to purchase or the "Licensor or Master Licensee" to sell a License or location.

YOUR PROPOSED LOCATION

Photo

Location: (Lot No., Name of Building)	
City / State:	
Country:	

YOUR PERSONAL PROFILE

First Name:	Tel No. (House):	
Last Name:	Tel No. (Mobile):	
Preferred to be addressed:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Fax No.:	
Postcode:	NRIC: (or passport)	
	Date of Birth:	
Email: 1. 2.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Nationality:
<p>Has a judgment been filed against you or have you been involved in any litigation proceeding within the last 6 years?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):</p>		



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YOUR SPOUSE PROFILE

First Name:	Tel No. (House):	
Last Name:	Tel No. (Mobile):	
Preferred to be addressed:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Fax No.:	
	NRIC: (or passport)	
	Date of Birth:	
Email:	Marital Status:	Nationality:
1.	<input type="checkbox"/> Single	
2.	<input type="checkbox"/> Married	
	<input type="checkbox"/> Divorced	
Has a judgment been filed against you or have you been involved in any litigation proceeding within the last 6 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):		

YOUR EDUCATION BACKGROUND

Highest Education:	<input type="checkbox"/> Master / PHD	<input type="checkbox"/> College Degree
	<input type="checkbox"/> Secondary	<input type="checkbox"/> Didn't complete High School
Name of College/ School/ Universities:	Years	Grade or Degree Attained
1.		
2.		
3.		



LICENSEE APPLICATION FORM

BUSINESS INFORMATION

<input type="checkbox"/> Self Employed	<input type="checkbox"/> Employ By:	
No. of Years:	Nature of Business:	
Position / Responsibility:		
Address:	Tel No.:	
Postcode:	(Office)	
Can we contact you at work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Select Your Business Management Level:	<input type="checkbox"/> F&B Management <input type="checkbox"/> Other Business Management, please state: _____	
	<input type="checkbox"/> No F&B Experience	
If you are a Director of any Company, please list:		
Company Name	Company Registration No.	
1.		
2.		
3.		
Please list all restaurant and Food & Beverages business where you have ownership interest or you are currently managing it in person:		
1.	Location:	
2.	Location:	
3.	Location:	



LICENSEE APPLICATION FORM

<p>1. What will be your involvement level and what are your expectations from this business?</p>
<p>2. Would you be a full or part time operator? (If part time, please indicate number of hours or days per week)</p>
<p>3. Are you planning to have partner(s) in this business? YES _____ NO _____ If "YES", what will they be expected to do? (Please take note that separate application and financial statement is required for each partner, if the partner is not a spouse)</p>
<p>4. Will your spouse be involved? YES _____ NO _____ If "YES", what will he/she be expected to do?</p>
<p>5. Will you require assistance in obtaining distributorship? YES _____ NO _____ (Please tick as necessary). If YES, please explain how you will obtain financing? If NO, please explain from where your source of funds?</p>
<p>6. What is the minimum income you would require for living expenses during the start up?</p>
<p>7. Will this business be your sole source of income? YES _____ NO _____ If "NO", please explain</p>



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8. Have you ever owned your own business? YES _____ NO _____
If "YES", please explain

9. When will you be able to start this business?

10. Do you have any restaurant/food industry experience? YES _____ NO _____
If "YES", please provide details.

11. Do you have any specific background and / or experience that you would like us to consider during our evaluation of your application?

12. Have you ever declared bankruptcy? YES _____ NO _____
If "YES", please explain



LICENSEE APPLICATION FORM

FINANCIAL INFORMATION

**You may be required to provide supporting documents i.e bank statement, grant etc*

Amount you are ready to invest as iGlool Licensee:	Cash:	Loan:
What is your expectation in terms of return (per month)		

ASSETS	RM
Cash in bank (current accounts)	
Cash in bank (savings accounts)	
Fixed Deposit	
Cash in Hand	
Life Insurance	
Money Market Funds	
Precious Metals	
Marketable Stocks & Bonds	
Real Estate (specify locations)	
Automobiles registered under own name (specify make and model)	
Other Assests (please specify)	
Sub total	
Retirement Plans	
EPF	
Other retirement funds	
Pension sub total	
Total Assets	

Please specify the assets which you would convert to cash, if necessary, to meet the initial cash requirement of iGlool Sdn Bhd.



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LIABILITIES	RM
Credit Card obligation	
Home Mortgages	
Other Mortgages	
Personal Loans	
Investment Loans	
Business Loans	
Education Loans	
Overdraft	
Taxes Payable	
Other Debts	
Total Liabilities	
NET WORTH	RM
Total Net Worth	

ANNUAL INCOME	RM
Salary	
Bonus	
Commission	
Interest	
Dividends	
Other incomes (specify)	
Total	

ANNUAL EXPENSES	RM
Mortgage Payments	
Automobile Payments	
Lease	
Insurance Premium	
Other expenses (specify)	
Total	



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CREDIT REFERENCES

1. Name of bank: _____

Account no: _____

Type of account: _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact person: _____

Phone no: _____

2. Name of bank: _____

Account no: _____

Type of account: _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact person: _____

Phone no: _____

3. Name of bank: _____

Account no: _____

Type of account: _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact person: _____

Phone no: _____



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PROFESSIONAL REFERENCES (list three)

<p>1. Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact No: _____</p> <p>No of years known: _____ Relationship: _____</p>
<p>2. Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact No: _____</p> <p>No of years known: _____ Relationship: _____</p>
<p>3. Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact No: _____</p> <p>No of years known: _____ Relationship: _____</p>



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DISCLAIMER

I hereby acknowledged that everything that I have stated in this application is true. I understand that I may be required to provide proof of amounts listed as above by providing copies of my bank statements for the past six (6) months as verification.

SIGNATURE

Signature: <hr/>	Date:
Name:	

We would like to thank you for your interest in iGlool.

Kindly email your application form to fred@iglool.com/info@iglool.com OR directly to our Business Development Officers you have dealt with.

You may also fax or courier your application form to:

iGlool Sdn Bhd (828268-D)
Lot 1075, Section 66, Jalan Swasta,
Pending Industrial Estate,
93450 Kuching, Sarawak
Tel: 082-333886 Fax: 082-333885

We will contact you sooner possible for full discussion if necessary on the above application.

Thank you for submitting the details to us.