

COMPANY NAME:			
DATE OF INCORPOR	ATION:		
DATE OF OPERATION	N (IN MALAYSIA) :		
TYPE OF ENTITY:	Sole Proprietorship		Public Listed Co
	Partnership		Public Limited Co
	Private Limited Co		Others *
	*Plea	se specify	
DIRECT SALES LICEN	CE NO : EXPII	RY DATE	<b>:</b>
REGISTERED ADDRE	SS:		
	:		
	•		
	FAX :		
EMAIL:	WEBSITE :		
AUTHORISED CAPIT	AL : RM		
PAID-UP CAPITAL : I	RM		
	RUCTURE: (Add extra page, if r		
		_	
Name of Share	<u>eholder</u>	<u>%</u>	<u>Nationality</u>
Δ			



11.	ANNUAL SALES TURNOVER: RM (Last 2 Years)					
	RM					
12.	NO OF STOCKIST *:					
13.	NO OF INDEPENDENT DISTRIBUTORS * :					
14.	NO OF SALES PERSONNEL * :					
	* fill where applicable					
15.	NO OF EMPLOYEES:					
16.	COMPENSATION PLAN					
	MULTI-LEVEL SINGLE-LEVEL SINGLE LEVEL MAIL ORDER					
	OTHERS: Please specify					
17.	PRODUCT RANGE (tick where applicable)					
	Nutritional Products * Skin Care and Cosmetics *					
	Homecare Home Appliances					
	Toys Leatherware					
	Apparel Houseware					
	Educational Products Electronics Products					
	Personal Care					
	Others, please specify					
	* Complete APPENDIX I					
18.	DISTRIBUTOR JOINING FEE : RM STARTER KIT Yes/No					
	If YES, any products included Yes/No					
	If Yes, please state total value of the products: RM					



19.	SUBSCRIPTION/ANNUAL FEE	(If any): RM Purpose:	
20.	NAME OF TRADE OR PROFESSIONAL ASSOCIATIONS WHERE YOUR ORGANISATION IS A MEMBER (IF ANY):		
LIST C	OF MANAGEMENT PERSON	NNEL	
NAME	<b>:</b>	CEO/MD/COUNTRY MANAGER *	
NAME	<b>:</b>	ED / GM *	
NAME	:	FINANCIAL CONTROLLER / MANAGER*	
NAME	<b>:</b>	SALES / MARKETING MANAGER *	
	NATE NOMINEE (The principle	nominee can nominate) POSITION:	
	LARATION	FOSITION .	
I,		MD / CEO / Country Manager / ED / GM*	
of (A	pplicant Company),	hereby declare	
•	that no regulatory action has	ociation Constitution and Code of Conduct.  been taken, or is pending against the company within ss prior to the application for membership.  d herein is true and correct.	
N	AME :	POSITION :	
SI	GNATURE :	DATE:	

<sup>\*</sup> delete whichever is not applicable



#### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION ARE:**

- 1. Articles of Incorporation / Memorandum of Association
- 2. Audited Statement of Accounts for the past 2 years
- 3. Details of Directors of Company Form 49
- 4. Company details Printout from SSM
- 5. A copy of Direct Sales Licence
- 6. A complete set of starter kit with the following contents:
  - Company profile
  - Distributor Rules & Regulations
  - Distributor Application form
  - Marketing/compensation plan
  - Products Catalogues
  - Products price list
  - Sales Contract
  - Buy Back Policy
- 7. List of Nutritional Products / Skin Care & Cosmetics / Food products (as per <u>APPENDIX 1</u> attached)
- 8. Letter of approval for other products:
  - Electrical products Energy Commission
  - Product with Radioactive Ingredient Atomic Energy Licensing Board
  - Educational products Ministry of Education

Please complete the form and return together with the above documents to the following address:

THE SECRETARIAT
DIRECT SELLING ASSOCIATION OF MALAYSIA (DSAM)
SO-21-08 Menara 1, Strata Office
1 Jalan Bangsar, KL Eco City
59200 Kuala Lumpur

For further enquiries, please contact us at +603 9770 0970



#### <u>List of Nutritional Products / Skin Care and Cosmetics / Food / Others</u>

**APPENDIX I** 

No.	Product Name	Date Of Marketing	MAL. No. (PBKD) (Health Supplements /Traditional Products)	Notification No. (BPFK) Skincare & Cosmetics	KKLIU No. (MAB) Catalogues leaflets	Approval from (BKKM) Labels & Brochures for Food Products	Others

PBKD - Pihak Berkuasa Kawalan Dadah, Kementerian Kesihatan Malaysia (Drug Control Authority); BPFK - Biro Pengawalan Farmasekutical Kebangsaan (BPFK) KKLIU - Lembaga Iklan Ubat, Kementerian Kesihatan Malaysia (Medical Advertisement Board); BKKM - Bahagian Keselamatan dan Kualiti Makanan (BKKM)
If space provided is not sufficient, please attach the rest of the information on a separate list.

Prepared by :	Designation :