

DIRECT SELLING ASSOCIATION OF MALAYSIA

(Registered No. 2395)

APPLICATION FOR MEMBERSHIP

COMPANY NAME:				
DATE OF INCORPOR	RATION:_			
DATE OF OPERATIO	N (IN MA	ALAYSIA):		
TYPE OF ENTITY:		Sole Proprietorship		Public Listed Co
		Partnership		Public Limited Co
		Private Limited Co		Others *
		*Pleas	se specify _	
DIRECT SALES LICEN	NCE NO: _	EXPIR	Y DATE:_	
REGISTERED ADDRE	-SS·			
		_FAX:		
Email:		Website:		
AUTHORISED CAPIT	AL: RM_			
SHAREHOLDING ST	RUCTURE	: (Add extra page, if n	ecessary)	1
Name of Shar	reholder		<u>%</u>	<u>Nationality</u>
A				
_				
B.				

ANNUAL SALES TURNOVER:RM(Last 2 Years)			
RM			
NO. OF STOCKIST *:			
NO. OF INDEPENDENT DISTRIBUTORS *:			
NO. OF SALES PERSONNEL * :			
* fill where applicable			
NO. OF. EMPLOYEE:			
COMPENSATION PLAN			
	LE LEVEL/ ORDER		
OTHERS: Please specify			
PRODUCT RANGE (tick where applicable)			
Nutritional Products * Skin Care and Cosm	etics *		
Homecare Home Appliances			
Toys Leatherware			
Apparel Houseware			
Educational Products Electronics Pr	oducts		
Personal Care			
Others, please specify			
* Complete APPENDIX I			
DISTRIBUTOR JOINING FEE: RMSTARTER KIT	Yes/No		
If YES, any products included Yes/No			
If Ves, please state total value of the products PM			

19.	SUBSCRIPTION/ANNUAL FEE (If any) : RM	Purpose:
20.	IS A MEMBER (IF ANY):		IONS WHERE YOUR ORGANISATIO
LIST O	OF MANAGEMENT PERSON		
NAME:		CEO/MD/	COUNTRY MANAGER *
NAME:		ED/GM *	
NAME:		FINANCIA	AL CONTROLLER/MANAGER*
NAME:		SALES/M	ARKETING MANAGER *
	ADATION	PC	OSITION:
	<u>ARATION</u>		
Ι,		MD/CE	O/Country Manager/ED/GM*
of (A _l	pplicant Company),		hereby declare
•	that we will abide to the Association has a that no regulatory action has a the 5 (five) years period or less that the information provided	peen taken, or is p s prior to the appl	ending against the company withir ication for membership.
N	AME:	PC	OSITION:
SIC	GNATURE:	DA	ATE:

^{*} 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 of SIRIM
 - 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)
Unit 1702, 17th Floor, Block A
Damansara Intan
No. 1 Jalan SS 20/27
47400 Petaling Jaya
Selangor Darul Ehsan

For further enquiries, please contact us @ 03-7726 9232

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

Note:	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: _____