

Signature & Date

NEWPAL FOODS LIMITED

CUSTOMER APPLICATION/REGISTRATION FORM

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(1) PARTICULARS OF THE APPLICANT	(Please tick as appropriate	e) Individual	Corporate
• Name			
Address			ſ
1			
• Email		Tax Identification Number	
Phone Number(s)			
(2) a. AUTHORIZATION Authorized representative/Manager's particulars b. AUTHORIZATION Authorized representative/Manager's particulars			
Name		• Name	
Telephone No. Telephone No. Telephone No.			
Address		• Address	
	1	ľ	i i
	Passport photograph of company Representative or Manager	Company Representative/Manager Signature & Date	Passport photograph of Company Representative or Manager
	1.550		
I/we hereby confirm that our representative/manager whose passport photograph is affixed above, is authorised to transact business on our/my behalf with Newpal Foods Limited. (3) BUSINESS OWNER/PROPRIETOR/MANAGING DIRECTOR'S INFORMATION Name			
Address			
Email			
Telephone No. Birth Day: D D M M Passport photograph Passport photograph			
I hereby certify that the information provided on this form is correct and accurate of Business owner/ Managing Director			
Signature & Da	ite		
(4) DOCUMENTS TO BE ATTACHED WITH THE FORM			
(a) International Passport Or Driver's Licence Or National Identity Card of authorized Representatives/Business owner/Managing Director (b) Certificate of Company Registration from Corporate Affairs Commission (for registered companies only)			
DISCLAIMER			
This Customer Application Form ('The Form') is and remains the property of Newpal Foods Limited. Our organization accepts no liability for the dissemination of information provided on this form, or the consequences of any action taken on the basis of the information provided. Prospective customers should note that any information provided on The Form shall be subjected to further rigorous checks and the result of which may lead to the withdrawal of distributorship rights previously conferred upon the initial background check. Please be informed that the completion of The Form does not create a contractual obligation on either party.			
FOR OFFICIAL USE ONLY	4	Approval	
Verification Officer Name		Name	

Signature & Date