Partner Application Form



New Partn	er Application		
	rtner informatio	•	
(Please allow 3 w	orking days for processing	g. Email confirmation will be sent	after amendment done)
	Compa	any Information	
Company Name :			
Business Registration N	lo:		
Company Address :			
Contact Person :			
Contact No :			
Storefront / Shop Name	e :		
Company Website:			
	Com	pany Contact	
Primary Contact Person	n : (Mr / Ms)		
Mobile No.			
Email Address :			
Secondary Contact Per	son: (Mr/Ms)		
Mobile No.			
Email Address :			
Authorised Signatory)		Company Stamp :
	,		
Name)		
Designation)		
Date)		
For Office Use only:- Agent/Sales Specialist: Reviewed by: Received & Checked by: Approved by:-			Approved by:
Agent/sales specialist: Rev	vieweu by.	neceived a checked by:	Approved by

Complete the form and email to partner@sinchew.com.my or fax to 03-7965 8688. A returning email will be reverted in 3 business days for update. Need assistance? Please call partner support 603 - 7965 8609.

Regional/Sales Manager

AGM Dept Admin