



LICENSEE APPLICATION FORM

The information as required in this Licensee Application Form will be used as a basis to determine your suitability as an iGlool Licensee. All information provided by the Applicant will be treated with strictest confidence. Should you qualify as an iGlool Licensee and a mutual interest develops, relevant additional information may be required. This Licensee Application Form will only be processed if all the information required is fully provided. This Licensee Application Form is not a contract and does not obligate either party in any manner.

Your Proposed Territory:

Place / Building :	
City / State :	
Country :	

Personal Profile:

Full Name :	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Self employed <input type="checkbox"/> Employed <input type="checkbox"/> Own business
Tel No. (House) :	Nationality :	Profession / Business nature :
Tel No.(Mobile) :	I.C No. :	Company name & years associated :
E-mail : 1..... 2.....	Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	If you are a Director of any Company, please list: 1..... 2.....
Spouse Name :	I.C No. :	Address :
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)		



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Education Background:

Highest education :	<input type="checkbox"/> Master / PHD	<input type="checkbox"/> Secondary School
	<input type="checkbox"/> College Degree	
Name of School / College / University:	Grade or Qualification attained :	Year :
1.	1.
2.	2.
3.	3.

FINANCIAL INFORMATION (please provide amount in RM)

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

Personal assets / Liquid Assets :	Financial capabilities :
<input type="checkbox"/> Cash :	<input type="checkbox"/> Strong <input type="checkbox"/> Good
<input type="checkbox"/> Loan:	<input type="checkbox"/> Average <input type="checkbox"/> Poor
Current income :	Liabilities :
<input type="checkbox"/> Yearly salary :
<input type="checkbox"/> Other :
Amount ready to invest as iGlool Licensee	Cash : Loan :

Attached Documents:

<input type="checkbox"/> EPF statement
<input type="checkbox"/> 6 months Bank / Income Statement
<input type="checkbox"/> Loan Statement (if any)

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.

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Name :

Date :

Kindly email your completed application form to:

fred@iglool.com OR directly to our Head Quarter Officers you have deal with. You may also fax or courier your application form to us.

IGLOOL SDN BHD (Co. No.828268-D)

Lot 1075, Section 66, Jalan Swasta, Pending Industrial Estate

93450 Kuching, Sarawak. Tel: 082-333886 Fax: 082-333885



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Please complete the simple questionnaire for iGlool to rate your understanding on the company, the product, and your business interest. From this questionnaire, we will be able to determine the right training programmes once you are qualified to be our licensee.

1. What will be your involvement level and your expectation from this business?

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2. 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)

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3. What is the minimum income you would require for living expenses during the start up?

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4. Will this business be your sole source of income? YES _____ NO _____ If "NO", please explain?

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

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6. Have you ever owned your own business? YES _____ NO _____ If "YES", please explain on the business nature?

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

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

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9. Please describe in your own words about your opinion on iGlool snow ice.

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10. Please explain how you will educate your customer on the product when inquired.

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