



**Rockwills®**

**FRANCHISE  
APPLICATION FORM**

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**ROCKWILLS CORPORATION SDN BHD (274516-K)**

Wisma Rockwills  
No. 62, Jalan 2/131A  
Off Jalan Klang Lama  
58200 Kuala Lumpur  
Tel : 03-77811993 Fax : 03-77826005  
E-mail : [general@rockwills.com](mailto:general@rockwills.com)  
Website : <http://www.rockwills.com>

**Rockwills Estate Planner**

*Kindly fill in every relevant section correctly.*

The information disclosed within this document will only be used for the purpose of furthering this application.

This form is the first step to a whole new business opportunity for the potential Rockwills Estate Planner.

The questions contained herein are relevant and important to the success of your application. All relevant sections must be completed.

*All information given and received will be kept strictly confidential.*

To assist us in processing your application, please provide a copy of the following :

- a) Photocopy of NRIC; and
- b) Photocopy of Highest Academic Certificate; and
- c) 3 passport size photographs; and
- d) For Companies: copy of SSM Registration Certificate, Forms 24 & 49, Memorandum of Association & Articles of Association; or
- e) For Sole Proprietorship/Partnership Business: copy of Business Registration Certificate; and
- f) Payment of RM 2,788\* (for Franchisee), RM 1,288\* (for Rockwills Estate Planner) or RM 688\* (for Personal Assistant) by cheque/ credit card/cash/bank in.

**\* Note: All fees quoted are subjected to 6% GST.**

If you decided not to proceed with the Franchise License after attending training, RM 688\* + RM 50\* will be deducted as training and admin fee.

This application form will also be used for the purpose of processing RBS membership. Kindly read the separate terms & conditions of RBS.



*Thank you for your time and attention in completing this Application Form*

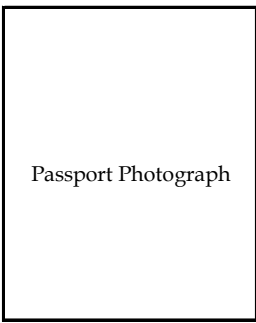
Please forward this Application Form to

**Training Coordinator  
Business Development  
Department  
Rockwills Corporation Sdn Bhd  
Wisma Rockwills  
No. 62, Jalan 2/131A  
Off Jalan Klang Lama  
58200 Kuala Lumpur**

**REMARK:-**

*Franchise Application Form and necessary documents must be submitted to Business Development Department or regional office by the up-line or attendee before the attendee attend the training.*

# ROCKWILLS ESTATE PLANNER APPLICATION FORM



Rockwills Group values all personal information provided by you and we respect the privacy of your personal information. Any personal information provided by you to Rockwills Group will be solely for providing you with services which you have engaged us to provide and to advise you of other related services products, which may be of interest to you.

**Section 1 : PERSONAL PARTICULARS**

Please write in BLOCK LETTERS

1. \* Full Name as in NRIC

2. \* NRIC No.      New 

								-		-						

  
 Old 

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*(please attach photocopy of NRIC)*

3. Race *(please tick)*     Chinese     Malay     Indian     Others \_\_\_\_\_

4. Gender *(please tick)*     Male     Female

5. Marital Status *(please tick)*     Married     Single     Widow/er     Divorced

6. Language Spoken     English     Mandarin     B.Malaysia    Others: \_\_\_\_\_

*(please tick)* Written     English     Mandarin     B.Malaysia    Others: \_\_\_\_\_

7. Date of birth    

d	d	/	m	m	/	y	y	y	y
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8. \* Personal Income Tax No.

9. \* Correspondence Address

10. Home Address

11. \* Telephone No.    (H)     (O)   
 (HP)     (F)

\* E-mail

12. \* Name of Bank   
 Account No.   
 Account Holder Name   
 Account Holder ID   
 Branch

*(Commission is paid only after we are provided with your account no.)*

13. \* Have either you or your spouse been declared bankrupt?  
 No  Yes, give details and date
14. \* Have either you or your spouse been convicted of a criminal offence?  
 No  Yes, give details and date
15. \* Is your spouse a Franchisee or Rockwills Estate Planner?  
 No  Yes, provide the full name
16. Do you have a relative who is a Franchisee or Rockwills Estate Planner?  
 No  Yes, give name & relationship
17. Do you intend to be a full time Rockwills Estate Planner?  
 No  Yes
18. How did you hear about Rockwills Franchise Business?  
 Newspapers  Friend  TV  Others:   
 Magazines  Radio  Billboard

**Section 2 : EMPLOYMENT**

1. \* Current Employer / Business Name
2. Industry  Life Insurance  Unit Trust  General Insurance  Others \_\_\_\_\_
3. Position  4. Annual Income  RM
5. Address
6. Years of Service

**Section 3 : ACADEMIC QUALIFICATIONS**

- Education Level  Master  Degree  Diploma  STPM  SPM  CFP  
 (please tick)  RFP Others

Please provide details of your Master/Degree/Diploma

\* A copy of your highest academic certificate must be submitted

**Section 4 : TYPE OF APPLICANT**

1. \*  Sole Proprietorship     Partnership     Limited Liability Partnership (LLP/PLT)  
 Private Limited Company (SDN BHD)     Public Limited Company (BHD)
2. \* Is any of the partner/ director a Franchisee or Rockwills Estate Planner?  
 No     Yes, provide the full name
3. \* Name of Business or Company   
Business/Company Registration No
4. Date of Registration / Incorporation  /  /  /  /  /  /  /  /  /
5. Years in Operation  year(s)    6. Business Activity
7. Registered Office
8. Place of Business Operation
9. \* Correspondence Address  Registered Office     Place of Business Operation  
 Home Address
10. \* Telephone No. (HP)     (O)   
\* E-mail     (F)
11. \* Name of Bank   
Account No.   
Account Holder Name   
Account Holder ID   
Branch   
*(Commission is paid only after we are provided with your account no.)*
12. Auditor
13. \* Business/Company Income Tax No.

**Note : If the Franchise Agreement is signed under the name of the Company/Partnership/Business, then a nominee is required to attend the training course to be trained and certified as a REP.**

**Section 5 : RBS MEMBERSHIP**

*The above RBS Membership is free to all Franchisee during the term of their franchise license.*

Terms and conditions for Membership of Rockwills Business Solutions (RBS)

1 Obligations of Member :-

- i) To ensure that the Professional Indemnity Insurance with Rockwills Corporation does not lapsed, otherwise an annual membership fee of RM200 (for Individual) and RM 360 (for corporate) will be chargeable in order to continue enjoying the benefits.
- ii) To sign separate agreement with Rockwills Business Solutions (if necessary) for the provision of third party services.
- iii) To pay for any services rendered and/or goods/product bought from RBS or its strategic partners/ associates.
- iv) Not to misrepresent RBS or its strategic partners/associates in the course of conducting his/her business.

2 Rights of Rockwills Business Solution (RBS)

- i) To review the annual membership fees from time. Any change to the annual membership fees will only take effect on the expiry of a member's annual membership.
- ii) To revoke any membership for whatsoever reason.
- iii) To set off any sum owing to RBS from the member's commission.
- iv) To add, delete, vary or modify the terms and conditions for membership above.

Franchisee's Initial:

**Section 6 : DECLARATION**

Assistant General Manager  
Rockwills Corporation Sdn Bhd  
Wisma Rockwills  
No. 62, Jalan 2/131A  
Off Jalan Klang Lama  
58200 Kuala Lumpur

**6A: CONFIRMATION OF APPLICANT'S UP-LINE**

I \_\_\_\_\_, Rockwills Estate Planner on behalf of Franchise License \_\_\_\_\_, confirmed that my up-line is Rockwills Corporation Sdn Bhd / Franchisee named \_\_\_\_\_.

**6B: CONFIRMATION OF PERSONAL ASSISTANT**

I \_\_\_\_\_ confirmed that I am a Personal Assistant to Franchisee named \_\_\_\_\_.

I declare that I have not been recruited by any other franchisee of Rockwills and I understand that I am not allowed to change recruiter after submission of the application form.

I confirm and declare that the details provided above are true and accurate to the best of my knowledge. I have also read and agree to abide by terms and conditions herein.

*\* For corporate applicant and up-line who registered under company, kindly sign and affix the company's rubber stamp in the box provided below.*

Signature by applicant		
Name		Date <input style="width: 100px; height: 20px;" type="text"/>
Signature by Up-line / Franchisee/ Rockwills		
Name		Date <input style="width: 100px; height: 20px;" type="text"/>
Franchise Code		

**FOR ROCKWILLS OFFICE USE ONLY**

Payment Mode  Payment by Cheque / Credit Card / Cash / Bank In (circle one)

RFIP (3 Monthly Installment Plan & Admin Fees RM60)

Amount Received  Receipt No.

Documents received  Application & Registration Form Receive Date: \_\_\_\_\_

2 sets of duly signed Franchise Agreements Receive Date: \_\_\_\_\_

Code of Conduct (For Rockwills Estate Planner only)

Photocopy of NRIC

Photocopy of Highest Academic Certificate

3 Passport Size Photograph

Business Registration Certificate (Sole Proprietorship/Partnership)

SSM Registration Certificate, Form 24 & Form 49 (Sdn Bhd/Bhd)

Date of Training  Venue

Status  Franchisee  Rockwills Estate Planner: \_\_\_\_\_  Personal Assistant: \_\_\_\_\_

Franchise Code  License Type  With Software  Without Software

Agreement Date  License Period  Years

Up-line/Franchisee's Level  RWC  AR  Senior  Non-Senior

Up-line/Franchisee's Name  Recruiter Fee RM

Up-line/Franchisee's Code

Remarks

Application Approved  Yes  No

Approved By

Date