



Rockwills®

**FRANCHISE
APPLICATION FORM**

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

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
- b) Photocopy of Highest Academic Certificate
- c) 2 passport size photographs
- d) For Companies: copy of SSM Registration Certificate, Forms 24 & 49, Memorandum of Association & Articles of Association
- e) For Sole Proprietorship/Partnership Business: copy of SSM Registration Certificate
- f) GST Registration Certificate
- g) Payment of RM 2,788* (for Franchisee), RM 1,500* (for Rockwills Estate Planner) or RM 988* (for Personal Assistant) by cheque/ credit card/cash/bank in.

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

Any request for cancellation/withdrawal once training has commenced will be subjected to RM 988* + RM 50* No refund of license fee or REP fee once the Applicant has completed training.

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

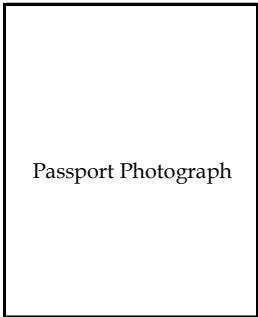
Please forward this Application Form to

**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.

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. (*) Marks field are compulsory to fill in

- 1. * Full Name as in NRIC

- 2. * NRIC No. New

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 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 / Rockwills Estate Planner / Employee of Rockwills?
 No Yes, provide the full name
16. Do you have a relative who is a Franchisee / Rockwills Estate Planner / Employee of Rockwills?
 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. * Previous / 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

(*) Marks field are compulsory to fill in

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.
GST 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 RM 200* (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

(*) Marks field are compulsory to fill in

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 _____, REP's Name _____, Rockwills Estate Planner on behalf of Franchise License _____, Franchise License Name _____, confirmed that my up-line is Rockwills Corporation Sdn Bhd / Franchisee named _____ Up-line's Name _____.

6B: CONFIRMATION OF PERSONAL ASSISTANT

I _____, Personal Assistant's Name _____ confirmed that I am a Personal Assistant to Franchisee named _____ Franchisee's Name _____.

I declare,

- that I am not a REP, shareholder or director of an existing Franchise License;
- that I have not been recruited by any other franchisee of Rockwills and I understand that I am not allowed to change recruiter/introducer after submission of application form;
- and confirm 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
* Signature by Up-line / Franchisee/ Rockwills		
* Name		Date
* Franchise Code		

FOR ROCKWILLS OFFICE USE ONLY

Payment Mode Payment by Cheque / Credit Card / Cash / Bank In *(circle one)*
 RFIP - 3 Monthly Installment Plan / 6 Monthly Installment Plan *(circle one)*

Amount Received **Receipt No.**

Documents received

Application 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

2 Passport Size Photographs

SSM Registration Documents (Sole Proprietorship/Partnership/Sdn Bhd/Bhd)

GST Registration Certificate Receive Date: _____

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 **Trainer**

Approved By **Date** / /

Key In By **Verified By**

CREDIT CARD PAYMENT ADVICE

Rockwills International Group

Wisma Rockwills, No. 62, Jalan 2/131A, Off Jalan Klang Lama, 58200 Kuala Lumpur.
 Tel: 03 - 7781 1993 Fax: 03 - 7781 2993 (General), 03 - 7781 8614 (Finance), 03 - 7781 8614/10 (Legacy Planning)
 GST Registration Number: 000326123520 (RWC) & 000958218240 (RBS)



Billing Information

Name of Client(s)/Testator(s)/Settlor(s): _____

Products and Services: (Please tick at below)

	Gross (RM)	6% GST (RM)	Amount (RM)
(1) Rockwills Corporation Sdn Bhd (RWC)			
a <input type="checkbox"/> Franchise Fee / Franchise Renewal Fee License Date: _____	a _____	_____	_____
b <input type="checkbox"/> Training and Seminar(s) Fees	b _____	_____	_____
c <input type="checkbox"/> Others (Please specify): _____	c _____	_____	_____
(2) Rockwills Trustee Berhad (RWT)			
a <input type="checkbox"/> Will-Writing	a _____	_____	_____
b <input type="checkbox"/> Custody	b _____	_____	_____
c <input type="checkbox"/> Executor Appointment	c _____	_____	_____
d <input type="checkbox"/> UPrepare	d _____	_____	_____
e <input type="checkbox"/> UDeclare	e _____	_____	_____
f <input type="checkbox"/> UProtect (Insurance Trust)	f _____	_____	_____
g <input type="checkbox"/> One-Trust	g _____	_____	_____
h <input type="checkbox"/> U-Nominate	h _____	_____	_____
i <input type="checkbox"/> Business Value Protection Trust (BVPT)	i _____	_____	_____
j <input type="checkbox"/> Others (Please specify): _____	j _____	_____	_____
(3) Rockwills Advisory Services Sdn Bhd (RAS)			
a <input type="checkbox"/> Advisory Fee	a _____	_____	_____
b <input type="checkbox"/> Others (Please specify): _____	b _____	_____	_____
(4) Rockwills Business Solutions Sdn Bhd (RBS)			
a Training and Seminar(s) Fees	a _____	_____	_____
b Membership Fee/Renewal Fee	b _____	_____	_____
c Bereavement Care Package(s)	c _____	_____	_____
d Purchase of Books	d _____	_____	_____
e Others (Please specify): _____	e _____	_____	_____
TOTAL (RM)	_____	_____	_____

Credit Card Information

Card Holder's Name:

Credit Card Type: Visa Master

Credit Card Number: CVV

Expiry Date: MM/YY

Contact Number:

Signature of Card Holder: _____ Date:

For Office Use Only

Processing Date of Approval:
 Code Number:
 Declined (Reason):

COMP/CCPA/REV4/APR15

* Reminder: Please DO NOT mail or submit credit card payment advice at counter if it has been earlier sent/faxed to our office.