



Rockwills®

FRANCHISE APPLICATION FORM

ROCKWILLS CORPORATION SDN BHD [199301019778 (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>

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 / Section 14 & 17, Memorandum of Association & Articles of Association
- e) For Sole Proprietorship/Partnership Business: copy of SSM Registration Documents
- f) Payment of RM 2,788 (for Franchisee), RM 1,500 (for Rockwills Estate Planner) or RM 988 (for Personal Assistant) by credit card / cheque/cash/bank in - (Maybank : 5141 6942 7001)

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.



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.

Please ensure that the provided details are correct, otherwise we reserve the right to refuse your application.

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. * Are you or your spouse an existing or formerly 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. * Are you an existing or formerly estate planner / agent / will writer of another estate planning company?
 No Yes, give details
18. * Are you a director / shareholder of a business/ company that also holds a Rockwills franchise license?
 No Yes, give details
19. 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.
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 Correspondence Address (same as Pg3)
10. * Telephone No. (HP) (O)
(F)
- * E-mail
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 : DECLARATION

(*) Marks field are compulsory to fill in

5A: 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 _____.

5B: 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.*

**** Electronic signature is not accepted.**

* Signature
by applicant

* Name

Date

* Signature
by Up-line /
Franchisee/
Rockwills

* Name

Date

* Franchise Code

Note: The incentives, subsidies and recruiter fee shall only be given upon submission of duly completed Franchise Application Form, TWO (2) sets of duly signed Franchise Agreement, Full Payment - RM 2,788.00, necessary documents (please refer to Pg2) and completion of franchise training.

FOR ROCKWILLS OFFICE USE ONLY

Payment Mode	<input type="checkbox"/> Payment by Cheque / Credit Card / Cash / Bank In <i>(circle one)</i>	
	<input type="checkbox"/> RFIP - 3 Months	
Amount Received	<input type="text"/>	Receipt No. <input type="text"/>
Documents received	<input type="checkbox"/> Application Form	Receive Date: _____
	<input type="checkbox"/> 2 sets of duly signed Franchise Agreements	Receive Date: _____
	<input type="checkbox"/> Code of Conduct (For Rockwills Estate Planner only)	
	<input type="checkbox"/> Photocopy of NRIC	
	<input type="checkbox"/> Photocopy of Highest Academic Certificate	
	<input type="checkbox"/> 2 Passport Size Photographs	
	<input type="checkbox"/> SSM Registration Documents (Sole Proprietorship/Partnership/Sdn Bhd/Bhd)	
Date of Training	<input type="text"/>	Venue <input type="text"/>
Status	<input type="checkbox"/> Franchisee <input type="checkbox"/> Rockwills Estate Planner: _____	<input type="checkbox"/> Personal Assistant: _____
Franchise Code	<input type="text"/>	License Type <input type="checkbox"/> With Software <input type="checkbox"/> Without Software
Agreement Date	<input type="text"/> <small>d d / m m / y y y y</small>	License Period <input type="text"/> Years
Up-line/Franchisee's Level	<input type="checkbox"/> RWC <input type="checkbox"/> AR <input type="checkbox"/> Senior	<input type="checkbox"/> Non-Senior
Up-line/Franchisee's Name	<input type="text"/>	Recruiter Fee RM <input type="text"/> <input type="text"/> <input type="text"/>
Up-line/Franchisee's Code	<input type="text"/>	
Remarks	<input type="text"/>	
Application Approved :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trainer: <input type="text"/>
Approved By :	<input type="text"/>	Date : <input type="text"/> <small>d d / m m / y y y y</small>
Key In By:	<input type="text"/>	Verified By: <input type="text"/>

