



**Eviver Sdn Bhd (817959-K)**

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## Application Form (Sole Proprietor / Partnership)

**Note:** This information is not intended as an offer to sell or the solicitation of an offer to buy a trustz license. It is strictly for information purposes only. All information will be kept strictly private & confidential.

### Section 1 : Personal Details

<b>Name</b> <i>(as in MyKad or Passport)</i>			
<b>Address</b>			
		State/Township:	Country:
<b>Email Address</b>			
<b>Home &amp; Office Contact Nos.</b>		<b>Mobile No :</b>	
<b>NRIC No</b> <i>(as in Mykad or Passport)</i>		<b>Citizenship :</b>	
<b>Gender</b>	<b>Male / Female</b> <i>Please delete where non-applicable</i>	<b>Marital Status :</b>	<b>Single / Married</b> <i>Please delete where non-applicable</i>
<b>Are you a PHARMACIST?</b>		<b>YES / NO</b> <i>Please delete where non-applicable.</i>	
<b>Is your spouse a PHARMACIST?</b>		<b>YES / NO</b> <i>Please delete where non-applicable</i>	
<b>Do you have a relative who is a PHARMACIST?</b>		<b>YES / NO</b> <i>Please delete where non-applicable.</i>	
<b>Do you have a friend who is a PHARMACIST?</b>		<b>YES / NO</b> <i>Please delete where non-applicable.</i>	
<b>Do you own any business?</b>		<b>YES / NO</b> <i>Please delete where non-applicable.</i>	
<b>Are you a trustz Member?</b>		<b>YES / NO</b> <i>Please delete where non-applicable.</i>	

## Section 2 : Education Background

Education Level	
University/College/School	
Year finished last tertiary education	
Any courses related to RETAIL SALES/RETAIL MANAGEMENT <i>If YES, indicate year &amp; college/institute</i>	
Any courses related to MANAGEMENT <i>If YES, kindly. Indicate year &amp; college/institute</i>	
Any awards/recognitions <i>If YES kindly submit details &amp; year its awarded</i>	

## Section 3 : Employment/Business History

Note : Please provide in detail of your employment status or businesses that you own. If space is not sufficient, kindly include additional information on separate paper and affixed same with this application form

### 1. Current Employer and/or Businesses Owned:

Company Name	
Business Address & Contact No.	
Designation	
Describe Duties & Responsibilities	
Date Joined	

### 2. Previous Employers and/or Other Businesses Owned:

Company Name	
Business Address & Contact No.	
Designation	
Describe Duties &	

<b>Responsibilities</b>			
<b>Date Joined</b>		<b>Date Left :</b>	
<b>Reason for Leaving</b>			

3. Previous Employers and/or Other Businesses Owned:

<b>Company Name</b>			
<b>Business Address &amp; Contact No.</b>			
<b>Designation</b>			
<b>Describe Duties &amp; Responsibilities</b>			
<b>Date Joined</b>		<b>Date Left :</b>	
<b>Reason for Leaving</b>			

## Section 4 : Spouse Particulars

<b>Name</b> <i>(as in MyKad or Passport)</i>			
<b>Address</b>			
<b>Email Address</b>			
<b>Home &amp; Office Contact Nos.</b>		<b>Mobile No :</b>	
<b>NRIC No</b> <i>(as in MyKad or Passport)</i>		<b>Citizenship :</b>	
<b>Children</b> <i>(Name – DOB)</i>			

## 1. Spouse Current Employer and/or Businesses Owned:

Company Name	
Business Address & Contact No.	
Designation	
Describe Duties & Responsibilities	
Date Joined	

## Section 5 : General Questions

1.	Have you (and your spouse) been convicted of a criminal offence?	YES / NO <i>Please delete where non-applicable.</i>
2.	Have you (and your spouse) ever voluntarily or involuntarily petitioned for bankruptcy?	YES / NO <i>Please delete where non-applicable.</i>
3.	Do you and your spouse have friends and/or relatives who owned a retail pharmacy business?	YES / NO <i>Please delete where non-applicable.</i>
4.	How do you know of trustz license?	
5.	State the reason why you apply for a trustz license?	
6.	Please list the geographic area of interest to you for a trustz location (in order of preference) :	
	i)	
	ii)	
	iii)	

## Section 6 : Financial Information

<u>Financial</u>	<u>In RM</u>		<u>In RM</u>
<b><u>Assets</u></b>		<b><u>Liabilities</u></b>	
<b>Business</b>	_____	<b>Loan payable to bank</b>	_____
<b>Real estate</b>	_____	<b>Other loan payable</b>	_____
<b>Cash on hand (bank)</b>	_____	<b>Real estate mortgages</b>	_____
<b>Annual income</b>	_____	<b>Others - specify</b>	_____
<b>Others - specify</b>	_____		_____
	_____		_____
	_____		_____
<b>Total Assets</b>	_____	<b>Total Liabilities</b>	_____
		<b>Net worth</b>	_____

## Section 7 : Declaration

I hereby certify and confirm that, all information provided in this application are true & complete to the best of my knowledge and belief as of the date below. I voluntarily authorize Eviver Sdn. Bhd. and/or its affiliates and/or agents and/or third parties acting on behalf of Eviver Sdn. Bhd. to conduct relevant searches on my spouse and me regarding bankruptcy, receivership, civil litigation, criminal, credit and/or reference checks for this application. I perfectly understand that any false information or consequential omission contained in this application will be cause for immediate termination of any subsequent agreement reached between myself and Eviver Sdn Bhd. I perfectly understand that Eviver Sdn Bhd reserve the absolute right to reject my application without assigning any reason whatsoever.

Signature:

Date \_\_\_\_\_

Name of Applicant

NRIC (as in MyKad or Passport)

## Section 8 : Documentation

Kindly submit following documents together with this Application Form duly completed to us for our action.

- a. MyKad of Applicant & Spouse
- b. Applicant last six (6) months bank statements
- c. Business Registration Form (if any)
- d. Last 2 years audited accounts (if any)
- e. Current management account (if any)

**Section 9: Office Use Only**

<b>Checked &amp; Recommended By</b>  <b>Date</b>	
<b>Concurred By</b>  <b>Date</b>	
<b>Approved By CEO</b>  <b>Date:</b>	
<b>Remarks</b>	