



Rockwills[®]

FRANCHISE APPLICATION FORM

ROCKWILLS CORPORATION SDN BHD [199301019778 (274516-K)]

Rockwills Training Centre
Level 10, Menara AmFIRST,
No 1, Jalan 19/3
46300 Petaling Jaya
Tel: 03 7932 1997

E-mail : general@rockwills.com
Website : <http://www.rockwills.com>

Kindly fill in every relevant section correctly.

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.

For processing of your application, please provide a copy of the following :

- a) **Photocopy of NRIC**
- b) **Photocopy of Highest Academic Certificate**
- c) **2 passport size photographs**
- e) **For Sole Proprietorship/Partnership Business: copy of SSM Registration Documents**
- d) **For Companies: copy of SSM Registration Certificate, Forms 24 & 49 / Section 14 & 17, Memorandum of Association & Articles of Association**
- f) **Payment of RM 3,888 (for Franchisee), RM 1,500 (for Rockwills Estate Planner) or RM 988 (for Personal Assistant) by credit card / cheque/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 licence fee or REP fee** once the Applicant has commenced training.



Rockwills®

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

Please submit this Application form to:

**Training Coordinator
Rockwills Training Centre**

**Level 10, Menara AmFirst,
No. 1, Jalan 19/3,
46300 Petaling Jaya, Selangor.**

REMARK:-

Franchise Application Form and all necessary documents must be submitted to:

- (i) Level 10, Menara AmFIRST, PJ; or**
- (ii) Rockwills regional office**

duly signed by Upline, if any before attending the training

Please ensure that all details are correct, otherwise we reserve the right to reject 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 (if submit SSM Registration Documents)

(*) 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 (follow SSM)

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 this 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 for New Recruitment shall only be given upon submission of duly completed Franchise Application Form, TWO (2) sets of duly signed Franchise Agreement, Full Payment RM 3,888.00 with all necessary documents (please refer to Page 2) **AND** completion of franchise training.

FOR ROCKWILLS OFFICE USE ONLY

Payment Mode By Cheque / Credit Card / 6 months Credit Card Instalment/Cash / Bank In (circle one)

Amount Received **Receipt No.**

Documents received

Application Form Receive Date: _____

2 sets of duly signed Franchise Agreements Receive Date: _____

Non -Disclosure Agreement (For Franchisee and Rockwills Estate Planner)

Code of Conduct (For REPs only)

Photocopy of NRIC

Photocopy of Highest Academic Certificate

2 Passport Size Photographs

SSM Registration Documents (Sole Proprietorship/Partnership/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

Trainer:

Approved By :

Date : / /

Key In By:

Verified By:

