



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>

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 Certificate
- 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.

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



Rockwills®

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 / 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. 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.
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 / REP'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.*

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

* Signature by applicant	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
* Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
* Signature by Up-line / Franchisee/ Rockwills	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
* Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
* Franchise Code	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		

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)

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:**