WOKI TALK

Dealership Application Form

City/State Dealership:		Image of
Applied Date:		Applicant
Personal Info		
Surname: Date of Birth: NRIC #:	Given Name:	
Product Interested (Please tic	ck at appropriate box)	
1) WOKI TALK 2-way radio and access 2) Radio Frequency Line for Perak □ 3) Radio Frequency Line for Selangor 4) Radio Frequency Line for KL Area □ 5) Radio Frequency Line for Northern № 6) Surveillance CCTV camera □ 7) Home security product □		
Company Information		
Company Name:	Company Registration #:	
GST#:		
Office Address:		
Outlet 1 Location Address:	Outlet 2 Location Address:	
Outlet 3 Location Address:		

WOKI TALK

Work Force & Experience Staff head count= Worker head count= Experience: Applicant Signature Company Chop & Sign