



# ALM AKTHINA GROUP OF RB INTERNATIONAL (M) SDN BHD

REG. NO. 202101032144 (1432444-K)

No.38-1, Jalan Cattleya 1, Persada Cattleya, 70450 Seremban, NSDK, MALAYSIA

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✉ admin@almakthina.com ✉ exportnutich@almakthina.com 🌐 www.almakthina.com

## DISTRIBUTOR APPLICATION FORM

Location applied for: .....

Date: .....

### COMPANY PARTICULARS

Company Name .....

Company Address : .....

.....

Postcode : .....

State : .....

Company SSM Number : .....

Date of SSM Registration/ Incorporation / Formation of Business : .....

Office TEL: .....

FAX: .....

H/P: .....

Company Email : .....

Company Website : .....

### APPLICANT PARTICULARS

Full Name : Mr/Mdm/Miss .....  
(As Per NRIC)

H/P: ..... Personal Email : .....

NRIC No.		Marital Status	
Passport No.		Race	
Date of Birth		Religion	
Nationality			
Highest Level of Education			
Spoken Language(s)			
Written Language(s)			

**COMPANY BUSINESS EXPERIENCES / DETAILS**

Job Information	Start Date	End Date	Description

<b>Languages</b> ( <i>Proficiency: Best = 10; Worst = 1; please write your proficiency level</i> )		
<b>Language</b>	<b>Spoken</b>	<b>Written</b>
English	1-2-3-4-5-6-7-8-9-10	1-2-3-4-5-6-7-8-9-10
Bahasa Malaysia	1-2-3-4-5-6-7-8-9-10	1-2-3-4-5-6-7-8-9-10
Others: Specify	1-2-3-4-5-6-7-8-9-10	1-2-3-4-5-6-7-8-9-10

**BRIEFLY DESCRIBE YOUR CURRENT/ MOST RECENT DISTRIBUTION ROLE & RESPONSIBILITIES**

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**IMMEDIATE FAMILY REFERENCE DETAILS** *(Please provide at least THREE)*

Name	Telephone No & Email Address	Relationship

**CUSTOMERS/CLIENTS REFERENCE DETAILS** *(Please provide at least TWO)*

Company Name	Telephone No & Email Address	Relationship

**OTHER INFORMATION**

Have you at any time been convicted or found guilty of any serious offence by any court? If yes, state offence or reasons.

Have you ever been dismissed from any employment? If yes, state reasons.

Have you any serious illness? If yes, indicate nature of illness.

If you are successful for this position, when are you able to start?

Day..... Month ..... Year .....

If you are successfully appointed, what is your expected benefits?

**ADDITIONAL INFORMATION**

*(Please describe any information about your agency/company that may be of interest and/or advantage to our business)*

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## DECLARATION:

I hereby confirm that the information stated above is true and accurate. I understand that false information may be grounds for termination of contract at any point in the future.

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Signature of Applicant  
Company Stamp  
Name  
Designation

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Date:

## NOTES FOR APPLICANT

The information given in this form must be fully completed. Please send particulars to:

**Attention to: MR. RAJA BATUMALAI**

ALM AKTHINA GROUP OF RB INTERNATIONAL (M) SDN BHD. REG. NO. 202101032144 (1432444-K)

NO.38-1, JALAN CATTLEYA 1

PERSADA CATTLEYA

70450 SEREMBAN

NEGERI SEMBILAN

MALAYSIA

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**FOR OFFICE USE ONLY**

RECOMMENDATION FOR APPROVAL OF APPOINTMENT

Company Selection for further Consultation and Discussion

Date of Appointment: .....

Date & Time: .....

Commissions: .....

Remarks:

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.....  
.....

.....  
Chief Executive Officer

Date: .....

.....  
Authorised Personnel

.....  
Managing Director

Date: .....

Date: .....