

**AEON CREDIT SERVICE (M) BHD**

Level 18, UOA Corporate Tower, Avenue 10, The Vertical, Bangsar South City, No 8, Jalan Kerinchi, 59200 Kuala Lumpur Tel: 03-2719 9999

MBD-MSR-F01
Rev. 4**MERCHANT APPLICATION FORM*** Existing Merchant New Merchant

COMPANY INFORMATION				
* Company Name:	*Company No:		GST Registered No.:	
* Address (HQ):	*Years of Business:			
* Email Address:	*Telephone:			
	*Fax:			
Branch(s) information:				
	<u>Address</u>	<u>Tel</u>	<u>Fax</u>	<u>Email Address</u>
1				
2				
3				
* Type of Company:				
<input type="checkbox"/> Private Limited (Company) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-operative <input type="checkbox"/> Others: _____				
* Nature of Business:				
<input type="checkbox"/> Retailing <input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> GMS/Hypermarket <input type="checkbox"/> Others: _____				
Number of Employees:				
<input type="checkbox"/> 5 person & below <input type="checkbox"/> 5 - 10 person <input type="checkbox"/> 10 person and above				
Condition of Vicinity:				
<input type="checkbox"/> Well Kept <input type="checkbox"/> Renovation <input type="checkbox"/> Deterioration				
Business Environment:				
<input type="checkbox"/> Business District <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Shopping Mall				
COMPANY SIZE				
<input type="checkbox"/> Nationwide Chain Store <input type="checkbox"/> 2 outlets <input type="checkbox"/> MLM				
<input type="checkbox"/> Local Chain Store (3 outlets & more) <input type="checkbox"/> 1 outlet				
*DIRECTORS INFORMATION				
	<u>Director's Name</u>	<u>I/C (NEW)</u>	<u>Position</u>	<u>Share Holding (%)</u>
1				
2				
3				
MONTHLY SALES TURNOVER				
Cash Sales:		In-House Easy Payment:		Expectation Monthly:
Turnover RM _____		Hire Purchase Turnover RM _____		Turnover for AEON RM _____
OTHER COMPANIES/SUBSIDIARIES INFORMATION				
Do you have any relevant/subsidiary (S) Company are now using AEON easy payment scheme?				
<input type="checkbox"/> Yes. Please state the company name: _____ <input type="checkbox"/> No				
TRADE REFERENCES				
Kindly state 2 major suppliers of your business:				
	<u>Suppliers' Name</u>	<u>Product Supply</u>	<u>Monthly Turnover</u>	<u>Person contact/Tel.no</u>
BANKERS				
Kindly state 2 major Bankers of your business:				
	<u>Bankers</u>	<u>Type of Account</u>	<u>Account No.</u>	

PRODUCT CATEGORY*Objective Finance Business (OFB)**

- | | |
|--|---|
| <input type="checkbox"/> Alarm System | <input type="checkbox"/> PC, IT & Digital |
| <input type="checkbox"/> Auto Gate / Grille | <input type="checkbox"/> Sanitary Ware & Fittings |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Solar Panel |
| <input type="checkbox"/> Car Accessories | <input type="checkbox"/> Spectacles |
| <input type="checkbox"/> Curtain | <input type="checkbox"/> Sports Equipment |
| <input type="checkbox"/> Electrical Appliance | <input type="checkbox"/> Sewing Machine |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Servicing: _____ |
| <input type="checkbox"/> Gold & Jewelry | <input type="checkbox"/> Telecommunication |
| <input type="checkbox"/> Golf Set | <input type="checkbox"/> Tyres & Rims |
| <input type="checkbox"/> Health Checking Device | <input type="checkbox"/> Watch |
| <input type="checkbox"/> Health Equipment | <input type="checkbox"/> Water Purifier |
| <input type="checkbox"/> Health Goods (Lingerie) | |
| <input type="checkbox"/> Health Supplement | |
| <input type="checkbox"/> Home Furnishing | |
| <input type="checkbox"/> Kitchen Cabinet | |
| <input type="checkbox"/> Lighting | |
| <input type="checkbox"/> Musical Instrument | |

Auto Financing (AF)

-
- New Car
-
-
- Used Car
-
-
- Reconditioned Car

Motorcycle Easy Payment (MEP)

-
- Small Bike (Moped)
-
-
- Big Bike / Superbike
-
-
- Used Small Bike
-
-
- Used Big Bike
-
-
- Accessories
-
-
- Service & Parts

Small & Medium Enterprise (SME)

-
- Commercial Vehicle
-
-
- Equipment

* Note: Please indicate (1) for primary and (2) for secondary product.

***DECLARATION**

-
- I/We hereby declare and confirm that neither I/We, nor my/our spouse(s), parent(s), parent(s) in-law, child(ren), brother(s) or sister(s) are under the employment of AEON Credit (M) Berhad or, Directors of AEON Credit Service (M) Berhad.

Submitted By,

Name:

Date:

Position:

Company Chop:

DOCUMENTATIONS**Documentation required for New Merchant Application****Private Limited**

1. M&A
2. Form 9, 24, 49
3. Form 13 (if any)
4. Board of Resolution
5. Director's I/C
6. Latest 3 Months Bank Statement
7. Latest Co. Audited A/C
8. Shop Photo

Partnership

1. Form B
2. Form D
3. Partner's I/C
4. Latest 3 Months Bank Statement
5. Latest Co. Management Account
6. Partnership Mandate
7. Shop Photo

Sole Proprietor

1. Form A
2. Form D
3. Proprietor's I/C
4. Latest 3 Months Bank Statement
5. Latest Co. Management Account
6. Shop Photo

***FOR AEON CREDIT SERVICE OFFICE USE**

Recommendation:

Proposed by (sign):

Name:

Date:

Recommended by (Section Head/Branch Manager):

Name:

Date:

Approved by (Regional Head):

Name:

Date:

* To be filled in by existing merchant, who intend to add in new product category.