**MGA GoGolf Reseller Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reseller Promo Code** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **-** |  |  |  | **-** |  |  |  | **-** |  |  |  |

 |

*(The above - To be filled by MGA GoGolf partner. For Office Use only.)*

|  |  |  |
| --- | --- | --- |
| **FOR COMPANIES** |  |  |
| Company Name (If Any) |  |  |
|  |  |  |
| Company Registration No. |  |  |
|  |  |  |
| Name of Bank |  |  |
|  |  |  |
| Bank Account No. |  |  |
|  |  |  |
| Company Address |  |  |
| Street  |  |  |
| District / Province |  |  |
| State |  |  |
| Postcode |  |  |
|  |  |  |
| Office Phone No. |  |  |
|  |  |  |
| Office Fax No. |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **FOR COMPANIES** |  |  |
| **Person in Charge #1** (Full Name) |  |  |
|  |  |  |
| MyKad No. |  |  |
|  |  |  |
| Designation |  |  |
|  |  |  |
| Office Phone No. |  |  |
|  |  |  |
| Office Fax No. |  |  |
|  |  |  |
| Mobile No. |  |  |
|  |  |  |
| Email Address |  |  |
|  |  |  |
| **Person in Charge #2** (Full Name) |  |  |
|  |  |  |
| MyKad No. |  |  |
|  |  |  |
| Designation |  |  |
|  |  |  |
| Office Phone No. |  |  |
|  |  |  |
| Office Fax No. |  |  |
|  |  |  |
| Mobile No. |  |  |
|  |  |  |
| Email Address |  |  |
|  |  |  |
|  |  |  |
| **Finance Contact Person** (Full Name) |  |  |
|  |  |  |
| Designation |  |  |
|  |  |  |
| Office Phone No. |  |  |
|  |  |  |
| Office Fax No. |  |  |
|  |  |  |
| Mobile No. |  |  |
|  |  |  |
| Email Address |  |  |
|  |  |  |

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| **IMPORTANTA copy of MyKad (Front & Back) of person in-charge (for company)/individual/sole proprietor/partnership.****and;****A copy of business registration form or certificate of company incorporation.** |

|  |  |  |
| --- | --- | --- |
| **FOR INDIVIDUALS (If not company)** |  |  |
| Full Name (per MyKad) |  |  |
|  |  |  |
| MyKad No. |  |  |
|  |  |  |
| Name of Bank |  |  |
|  |  |  |
| Bank Account No. |  |  |
|  |  |  |
| Mailing Address / Office |  |  |
| Street  |  |  |
| District / Province |  |  |
| State |  |  |
| Postcode |  |  |
|  |  |  |
| Contact: Phone No. |  |  |
|  |  |  |
| Contact: Fax No. |  |  |
|  |  |  |
| Mobile No. |  |  |
|  |  |  |
| Email Address |  |  |

|  |  |  |
| --- | --- | --- |
| **FOR INDIVIDUALS (If not company)** |  |  |
|  |
| Kindly add a brief introduction of yourself and some of your credentials and/or relevant certifications. (In less than 500 words) |
|  |

Version 3 – 10 April 2017

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| **Please email this completed form to sales@gogolf.my. Kindly ensure that you received confirmation from us, as an acknowledgement that your GoGolf Reseller application is in process.** |