

Please insert your recent photograph here

# Distributor Application Form

Recommended By (if any): \_\_\_\_\_ Mobile Contact / E-Mail: \_\_\_\_\_

Note: Completing this form does not place any obligation on the applicant to be appointed a distributor.. To expedite processing of your application, please ensure that all the information is provided as requested. Where information is not available or applicable, please indicate accordingly. All information will be kept strictly confidential.

## Personal Fact Sheet

Date of application: \_\_\_\_\_ Identity Card/Passport Number : \_\_\_\_\_

Full Name: \_\_\_\_\_  
*(As in IC/Passport)*

Home Address: \_\_\_\_\_  
*(Please indicate local address only)*

Mobile: \_\_\_\_\_ Office Tel Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
( \_\_\_\_\_ )

Nationality: \_\_\_\_\_ Sex: Male / Female Marital Status: \_\_\_\_\_

## Educational Qualifications

Highest Educational Level: \_\_\_\_\_  
*(Please include year qualification was achieved)*

Did you receive a degree from a University / College? \_\_\_\_\_  
*(Please delete where not applicable)*

Details of qualifications: \_\_\_\_\_

## Business History (if applicable)

COMPANY NAME(S)	TYPE OF BUSINESS ORGANISATION	NATURE OF BUSINESS	NUMBER OF EMPLOYEES	PRINCIPAL PRODUCT/ BRAND	YEARS IN BUSINESS	ANNUAL TURNOVER (CURRENT FISCAL YR)

## Distribution Channels

INTERESTED COUNTRY/CITY FOR DISTRIBUTION	TYPE OF BUSINESS ORGANISATION (ATTACH SEPARATE SHEETS CLEARLY GIVING DETAILS)	For Operation of a hair+ lab Scalp Management Centre		
		PROPOSED LOCATION	AREA (in sq metres)	AREA ON HIRE/LEASE/OWN

## Partners

Full Name: \_\_\_\_\_  
(As in IC/Passport)

Home Address: \_\_\_\_\_  
(Please indicate local address only)

Mobile: \_\_\_\_\_ Office Tel Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex: Male / Female Marital Status: \_\_\_\_\_

## Investment Plan

Average Monthly Income from present occupation / business: S\$ \_\_\_\_\_  
(Inclusive of all allowances, commission, perks, fees and bonuses)

Other Income (Please indicate breakdown of source/s of other income below): S\$ \_\_\_\_\_

Total Amount of Financial Commitment for the distribution: S\$ \_\_\_\_\_

Mode of Available Finance: S\$ \_\_\_\_\_

Would this business be your sole income source? Yes  No

How involved will you be in operating the hair+ lab business?  
 Please select one: 0%  50%  100%

## Other Information

- How did you learn about hair+ lab?

Current Distributor  Internet  Friends  Others

Please provide details if you have indicated current distributor or others: \_\_\_\_\_

2. Why are you applying for the distributorship?

\_\_\_\_\_  
\_\_\_\_\_

**General**

- 1. Have you or your spouse ever been convicted of a criminal offence in any country? Yes  No
- 2. Have you or your spouse suffered any major illnesses or accidents within the last five years? Yes  No
- 3. Have you or your spouse ever voluntarily or involuntarily petitioned for bankruptcy? Yes  No
- 4. Are you or any of your immediate family members involved, directly or indirectly, in a similar hair loss/hair care/treatment business? Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have answered 'yes' to any of the following questions, please indicate the details in the space below:

\_\_\_\_\_

## Declaration

I do hereby represent that all of the above answers are true and complete to the best of my knowledge and belief. I recognise that New Life Global Pte Ltd is *not in any way obligated* to appoint my Company/me as a distributor because of our execution of this document. I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with New Life Global Pte Ltd. I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a New Life Global Pte Ltd distributor may be made as a result of this application.

In addition, by signing below I release any and all former and / or present employers, and any other personal or business references, from any liability whatsoever in connection with New Life Global Pte Ltd attempts to investigate my background and determine my fitness to become a distributor. I hereby authorise the release of any and all documents, records, and other information pertaining to me to New Life Global Pte Ltd. A copy of this authorisation may be used in place of and shall be valid as the original.

I understand that this application is considered active for 60 days from the date below. I understand that New Life Global reserve the right to reject my application without assigning any reasons whatsoever.

I confirm that if there are any changes to my personal data or any other information contained in this form, I will immediately notify New Life Global Pte Ltd in writing. By completing this form, I agree to your collection, use and disclosure of my personal data to evaluate the distribution application; if my distributorship application is approved, for the following further purposes:

- (I) Manage or terminate the dealer relationship; and
- (II) Conduct (directly or indirectly) any other business or legal affairs related to the relationship and/or operation of the distribution and/or operation of the hair+lab Scalp Management Centre.

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Applicant's signature and date

Thank you for completing the New Life Global Reseller Application Form. When your application is shortlisted, we will contact you. Please give us at least 2 weeks of processing time. Please send the completed form to:

The Operation Manager  
New Life Global Pte Ltd  
101 Eunos Avenue 3 #08-01  
Singapore 409835  
Email: [stephen.zhang@hairpluslab.com](mailto:stephen.zhang@hairpluslab.com)  
DID: 6318 0397