

REGISTRATION FORM

Date:

PERSONAL/COMPANY INFORMATION

Mr. Ms. Mrs. Other
 First Name: Last Name:
 Company Name: Key Company Contact: City/Country:
 Email: Website:
 Tel & Fax: Mobile:
 Address:
 Other Info:

OCCUPATION / NATURE OF YOUR BUSINESS

- Beauty/Hair Salon -
- Department Store -
- Exporter -
- Importer -
- Manufacturer -
- Retailer -
- Wholesaler -
- Trader -
- Hair Care Centre -
- Beauty centre/spa -
- End-user -
- Job-seeker -
- Other (please specify)

FURTHER CO-OPERATION

1. Would you like to arrange a business meeting? No Yes

 2. Would you like to become our business partner? No Yes to become: Agent Distributor Dealer Sales
 Branch Exporter Retailer Wholesaler Hair Care Centre Sales Team Staff End-user Other (please specify)

Name of Applicant:
 Signature of Applicant:
 Date:
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