

# 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 be 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: .....

Attach Business Card