

PARTNER APPLICATION FORM

Account Manager / Premium Reseller:

Country:

MWS Licensed Trainer	ESSENTIAL	<input type="checkbox"/>	PROFESSIONAL	<input type="checkbox"/>	MASTER	<input type="checkbox"/>
MWS Premium Reseller			PROFESSIONAL	<input type="checkbox"/>	ENTERPRISE	<input type="checkbox"/>
MWS Learning Hub	ESSENTIAL	<input type="checkbox"/>	PROFESSIONAL	<input type="checkbox"/>	ENTERPRISE	<input type="checkbox"/>

Partner Number

PERSONAL DETAILS

Name	Email
NRIC	Designation
Tel	Address
Mobile	

COMPANY DETAILS

Company Name	Company No
Address	Website
	Tel

PERSONAL DETAILS

<i>Academic Qualification</i>	O' LEVEL	<input type="checkbox"/>	A' LEVEL	<input type="checkbox"/>	CERT	<input type="checkbox"/>	DIPLOMA	<input type="checkbox"/>
	DEGREE	<input type="checkbox"/>	PROF. DEGREE	<input type="checkbox"/>	MASTER DEGREE	<input type="checkbox"/>	DOCTORATE	<input type="checkbox"/>

University / Education Institutions	Years	Major
1		
2		
3		

Employment History

Company Name	Industry	Position Held	Year From / To
1			
2			
3			

BUSINESS DEVELOPMENT

Revenue per annum	<i>Attached</i>
Years in business	Business Projections <input type="checkbox"/>
	Business Registration <input type="checkbox"/>
	Company Profile <input type="checkbox"/>

I, the undersigned, undertake that I have read and agree on the terms and conditions to become an MWS Partner and will take all necessary steps to ensure that my company, staff and my client adhere to the applicable agreements which are accessible at miniworkshopseries.com

SIGNATURE	DATE
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OFFICE USE ONLY

Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>