



Magicsoft Asia Systems Pte Ltd
Magicsoft Asia Systems Pte Ltd
21 Bukit Batok Crescent
#09-84 WCEGA Tower
Singapore 658065
ROC 199103693K
Tel: +(65)-6515 7087
Fax: +(65)-6515 7086

RESELLER APPLICATION FORM (South East Asia)

Section A (To be completed and signed by Reseller)

GENERAL INFORMATION

1. Name of Company (in full): _____
2. Business Address: _____
3. Business Tel No: _____ Business Fax No: _____
- Email Address: _____
4. Company/Business Registration No: _____ Date Incorporated: _____ Year(s) in business: _____
5. Form of Business Entity:
(Please Circle)
- | | | |
|-----------------|--------------------------------|-------------|
| Private Limited | Sole Proprietorship | Partnership |
| Public Listed | Branch / Representative Office | Others - |
6. If Ltd. Co., please state:
- (a) Authorised Capital: _____ (b) Paid-Up Capital: _____

TRADE & BANKER REFERENCES

8. Trade References:
- (a) Name: _____ Contact: _____
- Period Dealing: _____ Credit Limit: _____ Payment Terms: _____
- (b) Name: _____ Contact: _____
- Period Dealing: _____ Credit Limit: _____ Payment Terms: _____
- (c) Name: _____ Contact: _____
- Period Dealing: _____ Credit Limit: _____ Payment Terms: _____

ATTACHMENT REQUIREMENTS

9. (a) For Limited Company:
- (i) Form 9 / 13
 - (ii) Form 24
 - (iii) Form 49
- (b) For Sole Proprietor / Partnership business:



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- (i) Business Registration Form (Borang D / B)
- (ii) Matlumat Perniagaan

Profile of Company

(Please circle, or fill in the blank)

How many years has your company been involved in software or PC related activities? _____
 Total number of employees engaged in software or PC related activities _____

Number of employees by function
 Sales Representatives _____ Software Development _____
 Consultants _____ Technical Support _____

Describe your company's principal business
 Software Development _____ Manufacturer _____ Dealer _____
 Consultant _____ System Integrator _____ Value-added Reseller _____
 Others (Please specify: _____)

How would you describe your principal business premises?
 Retail outlet _____ Showroom _____ Offices _____
 Others (Please specify: _____)

Services and Business Applications

In what way will you be adding value to the Magicsoft solution?

Integration solutions _____ Sole marketing rights of software or hardware _____
 Providing education, consulting _____ Providing end-user training and installation _____

What installation and continuing support services do you provide?
 Software maintenance _____ User training _____
 On-site Field Service _____ Telephone support _____
 Software installation _____ Documentation _____
 Others (Please specify: _____)

What type of user environment do you operate in?

By system size
 Single user systems _____ Small scale systems (2 – 16 users) _____
 Medium scale systems (17 – 128 users) _____ Large scale systems (more than 128) _____

What are the markets which you serve?

Banking/Financial services _____ Insurance _____ Medical and Healthcare _____
 Manufacturing _____ Utilities _____ Service industry _____
 Communications _____ Education _____ Government (including military) _____
 ASP/ISP _____ Transportation _____ Office Automation _____
 Networking _____ CAD/CAM _____ Others (Please specify: _____)

Do you have current distributor/reseller agreements with other Clinic Software?
 No _____ Yes (Please specify: _____)

How many clinics are you targeting in the next 6 months? _____
 (Please kindly state the city or town that you intend to cover)

What other types of Computer Software or solution do you sell? (If yes, please state the number of system sold.)
 1. _____ (_____)
 2. _____ (_____)

Others -

How do you get to know about Vanda Clinic Management System Reseller Program?



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Google
On-line Advertisement
Others (Please specify: _____)

Magazine Advertisement
Newspaper Advertisement



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By completing and signing this Reseller Application Form, we confirm that we have read and agree to be bound by the prevailing Magicsoft Reseller Agreement – South East Asia, Terms and Conditions, upon the approval of our application.

We hereby certify that the information supplied in this application is true and correct. We accept that the information supplied will be relied on in your consideration of our application. We undertake to inform you immediately of any material or substantial alteration to any of the information given in this application.

Name of Applicant: _____

Authorized Signature: _____

Name / Designation: _____ **Company Stamp:** _____

Commencement Date : _____

Section B (To be completed and signed by Magicsoft Sales Rep)

Magicsoft Sales Representative

Name:

Telephone No:

Please provide in the space below the business justification for the appointment of this Reseller. Include the Purchase Order value, End User and whether it is a one time deal, value add of Reseller, margins.

Reseller Legal Name :

Reseller Code #:

Territory :

Nature of Deal (one time/long term) :

PO Value :

Approved Account(s) :

LOB & Units

Discount :

Value Add :

Reason for appointment :

Payment Method :

If Nature of Appointment is long term,

Annual Commitment :

APPROVED BY MAGICSOFT ASIA SYSTEMS PTE LTD MANAGEMENT.

Signed for and on behalf of MAGICSOFT,

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KAM YAP SENG
BUSINESS DEVELOPMENT MANAGER

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