



# Rockwills®

## FRANCHISE APPLICATION FORM

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**ROCKWILLS CORPORATION SDN BHD [199301019778 (274516-K)]**

Wisma Rockwills

No. 62, Jalan 2/131A,

Off Jalan Klang Lama,

58200 Kuala Lumpur.

Tel : 03-77811993 Fax : 03-77826005

E-mail : [general@rockwills.com](mailto:general@rockwills.com)

Website : <http://www.rockwills.com>

*Kindly fill in every relevant section correctly.*

The information disclosed within this document will only be used for the purpose of furthering this application.

This form is the first step to a whole new business opportunity for the potential Rockwills Estate Planner.

The questions contained herein are relevant and important to the success of your application. All relevant sections must be completed.

*All information given and received will be kept strictly confidential.*

To assist us in processing your application, please provide a copy of the following :

- a) Photocopy of NRIC
- b) Photocopy of Highest Academic Certificate
- c) 2 passport size photographs
- d) For Companies: copy of SSM Registration Certificate, Forms 24 & 49 / Section 14 & 17, Memorandum of Association & Articles of Association
- e) For Sole Proprietorship/Partnership Business: copy of SSM Registration Documents
- f) Payment of RM 2,788 (for Franchisee), RM 1,500 (for Rockwills Estate Planner) or RM 988 (for Personal Assistant) by credit card / cheque/cash/bank in - (Maybank : 5141 6942 7001)

Any request for cancellation/ withdrawal once training has commenced will be subjected to RM 988 + RM 50 No refund of license fee or REP fee once the Applicant has completed training.



*Thank you for your time and attention in completing this Application Form*

Please forward this Application Form to  
**Training Coordinator  
Business Development  
Department  
Rockwills Corporation Sdn Bhd  
Wisma Rockwills  
No. 62, Jalan 2/131A,  
Off Jalan Klang Lama,  
58200 Kuala Lumpur.**

**REMARK:-**

*Franchise Application Form and necessary documents must be submitted to Business Development Department or regional office by the up-line or attendee before the attendee attend the training.*

*Please ensure that the provided details are correct, otherwise we reserve the right to refuse your application.*

Rockwills Group values all personal information provided by you and we respect the privacy of your personal information. Any personal information provided by you to Rockwills Group will be solely for providing you with services which you have engaged us to provide and to advise you of other related services products, which may be of interest to you.

**Please write in BLOCK LETTERS. (\*) Marks field are compulsory to fill in**

1. \* Full Name as in NRIC

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2. \* NRIC No.

					-		-					

(please attach photocopy of NRIC)

3. Race (*please tick*)

☐ Chinese    ☐ Malay    ☐ Indian    ☐ Others

4. Gender (*please tick*)

☐ Male ☐ Female

5. Marital Status (*please tick*)

☐ Married      ☐ Single      ☐ Widow/er      ☐ Divorced

## 6. Language

Spoken ☐ English ☐ Mandarin ☐ B.Malaysia Others: \_\_\_\_\_

(please tick)

Written ☐ English ☐ Mandarin ☐ B.Malaysia Others: \_\_\_\_\_

7. Date of birth

$d$	$d$	$/$	$m$	$m$	$/$	$y$	$y$	$y$	$y$
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8. \* Personal Income Tax No.

\_\_\_\_\_

## 9. \* Correspondence


10. Home Address


11. \* Telephone No.

(H)

(O) \_\_\_\_\_

(HP)

(F)

\* E-mail

\_\_\_\_\_

12. \* Name of Bank


(Commission is paid only after we are provided with your account no.)

13. \* Have either you or your spouse been declared bankrupt?  
☐ No ☐ Yes, give details and date
14. \* Have either you or your spouse been convicted of a criminal offence?  
☐ No ☐ Yes, give details and date
15. \* Are you or your spouse an existing or formerly a Franchisee / Rockwills Estate Planner / Employee of Rockwills?  
☐ No ☐ Yes, provide the full name
16. \* Do you have a relative who is a Franchisee / Rockwills Estate Planner / Employee of Rockwills?  
☐ No ☐ Yes, give name & relationship
17. \* Are you an existing or formerly estate planner / agent / will writer of another estate planning company?  
☐ No ☐ Yes, give details
18. \* Are you a director / shareholder of a business/ company that also holds a Rockwills franchise license?  
☐ No ☐ Yes, give details
19. How did you hear about Rockwills Franchise Business?  
☐ Newspapers ☐ Friend ☐ TV ☐ Magazines ☐ Radio ☐ Billboard Others:

## Section 2 : EMPLOYMENT

1. \* Previous / Current Employer / Business Name
2. Industry ☐ Life Insurance ☐ Unit Trust ☐ General Insurance ☐ Others
3. Position  4. Annual Income  RM
5. Address
6. Years of Service

## Section 3 : ACADEMIC QUALIFICATIONS

- Education Level ☐ Master ☐ Degree ☐ Diploma ☐ STPM ☐ SPM ☐ CFP  
 (please tick) ☐ RFP Others

Please provide details of your Master/Degree/Diploma

\* A copy of your highest academic certificate must be submitted

## Section 4 : TYPE OF APPLICANT

### (\*) Marks field are compulsory to fill in

1. \* ☐ Sole Proprietorship      ☐ Partnership      ☐ Limited Liability Partnership (LLP/PLT)  
☐ Private Limited Company (SDN BHD)      ☐ Public Limited Company (BHD)
2. \* Is any of the partner/director a Franchisee or Rockwills Estate Planner?  
☐ No      ☐ Yes, provide the full name
3. \* Name of Business or Company   
\* Business/Company Registration No.
4. Date of Registration / Incorporation    /    /
5. Years in Operation  year(s)      6. Business Activity
7. \* Registered Office
8. \* Place of Business Operation
9. \* Correspondence Address ☐ Registered Office      ☐ Place of Business Operation  
☐ Home Address      ☐ Correspondence Address (same as Pg3)
10. \* Telephone No. (HP)       (O)   
(F)
- \* E-mail
11. \* Name of Bank   
Account No.   
Account Holder Name   
Account Holder ID   
Branch   
(Commission is paid only after we are provided with your account no.)
12. Auditor
13. \* Business/Company Income Tax No.

**Note :** If the Franchise Agreement is signed under the name of the Company/Partnership/Business, then a nominee is required to attend the training course to be trained and certified as a REP.

## Section 5 : DECLARATION

(\*) Marks field are compulsory to fill in

### 5A: CONFIRMATION OF APPLICANT'S UP-LINE

I REP's Name, Rockwills Estate Planner on behalf of Franchise License Franchise License Name, confirmed that my up-line is Rockwills Corporation Sdn Bhd / Franchisee named Up-line's Name.

### 5B: CONFIRMATION OF PERSONAL ASSISTANT

I Personal Assistant's Name confirmed that I am a Personal Assistant to Franchisee named Franchisee's Name.

I declare,

- that I am not a REP, shareholder or director of an existing Franchise License;
- that I have not been recruited by any other franchisee of Rockwills and I understand that I am not allowed to change recruiter/introducer after submission of application form;
- and confirm that the details provided above are true and accurate to the best of my knowledge.

I have also read and agree to abide by terms and conditions herein.

*\* For corporate applicant and up-line who registered under company, kindly sign and affix the company's rubber stamp in the box provided below.*

**\*\* Electronic signature is not accepted.**

\* Signature  
by applicant


\* Name

Date

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\* Signature  
by Up-line /  
Franchisee/  
Rockwills


\* Name

Date

--

\* Franchise Code

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**Note: The incentives, subsidies and recruiter fee shall only be given upon submission of duly completed Franchise Application Form, TWO (2) sets of duly signed Franchise Agreement, Full Payment - RM 2,788.00, necessary documents (please refer to Pg2) and completion of franchise training.**

# FOR ROCKWILLS OFFICE USE ONLY

<b>Payment Mode</b>	<input type="checkbox"/> Payment by Cheque / Credit Card / Cash / Bank In <i>(circle one)</i> <input type="checkbox"/> RFIP - 3 Months	
<b>Amount Received</b>	<input type="text"/>	<b>Receipt No.</b> <input type="text"/>
<b>Documents received</b>	<input type="checkbox"/> Application Form	Receive Date: <input type="text"/>
	<input type="checkbox"/> 2 sets of duly signed Franchise Agreements	Receive Date: <input type="text"/>
	<input type="checkbox"/> Code of Conduct (For Rockwills Estate Planner only)	
	<input type="checkbox"/> Photocopy of NRIC	
	<input type="checkbox"/> Photocopy of Highest Academic Certificate	
	<input type="checkbox"/> 2 Passport Size Photographs	
	<input type="checkbox"/> SSM Registration Documents (Sole Proprietorship/Partnership/Sdn Bhd/Bhd)	
<b>Date of Training</b>	<input type="text"/>	<b>Venue</b> <input type="text"/>
<b>Status</b>	<input type="checkbox"/> Franchisee <input type="checkbox"/> Rockwills Estate Planner: <input type="text"/> <input type="checkbox"/> Personal Assistant: <input type="text"/>	
<b>Franchise Code</b>	<input type="text"/>	<b>License Type</b> <input type="checkbox"/> With Software <input type="checkbox"/> Without Software
<b>Agreement Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>License Period</b> <input type="text"/> Years
<b>Up-line/Franchisee's Level</b>	<input type="checkbox"/> RWC <input type="checkbox"/> AR <input type="checkbox"/> Senior <input type="checkbox"/> Non-Senior	
<b>Up-line/Franchisee's Name</b>	<input type="text"/>	<b>Recruiter Fee</b> RM <input type="text"/> <input type="text"/> <input type="text"/>
<b>Up-line/Franchisee's Code</b>	<input type="text"/>	
<b>Remarks</b>	<div style="border: 1px solid black; height: 120px;"></div>	
<b>Application Approved :</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Trainer:</b> <input type="text"/>	
<b>Approved By :</b>	<input type="text"/> <b>Date :</b> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Key In By:</b>	<input type="text"/> <b>Verified By:</b> <input type="text"/>	





**CREDIT CARD PAYMENT ADVISE****Rockwills International Group**

Wisma Rockwills, No. 62, Jalan 2/131A, Off Jalan Klang Lama, 58200 Kuala Lumpur.

Tel: 03 - 7781 1993 Fax: 03 - 7781 2993 (General), 03 - 7781 8682 (Finance), 03 - 7781 8614/10 (Legacy Planning)

**BILLING INFORMATION**

State name of Client(s)/Testator(s)/Settlor(s):

1)

2)

**PRODUCTS AND SERVICES [Please fill up the relevant amount(s)]**

Amount (RM)

**1) ROCKWILLS CORPORATION SDN BHD (RWC)**

a) Franchise Fee / Franchise Renewal Fee - License Date: \_\_\_\_\_

a) \_\_\_\_\_

b) Training / Seminar Fee

b) \_\_\_\_\_

c) Others (please specify): \_\_\_\_\_

c) \_\_\_\_\_

**2) ROCKWILLS TRUSTEE BERHAD (RWT)**

a) Will writing

a) \_\_\_\_\_

b) Will custody (please specify type): \_\_\_\_\_

b) \_\_\_\_\_

c) RWT Executor appointment

c) \_\_\_\_\_

d) UPrepare (Estate and Trust Administration Discount Package)

d) \_\_\_\_\_

e) UDeclare (Declaration of Trust)

e) \_\_\_\_\_

f) UProtect (Insurance Trust)

f) \_\_\_\_\_

g) UBiz (Business Value Protection Trust)

g) \_\_\_\_\_

h) ONE-Trust

h) \_\_\_\_\_

i) Others (please specify): \_\_\_\_\_

i) \_\_\_\_\_

**3) ROCKWILLS ADVISORY SERVICES (RAS)**

a) Advisory Fee

a) \_\_\_\_\_

b) Others (please specify): \_\_\_\_\_

b) \_\_\_\_\_

**4) ROCKWILLS BUSINESS SOLUTIONS SDN BHD (RBS)**

a) Training / Seminar Fee

a) \_\_\_\_\_

b) Membership Fee / Renewal Membership Fee

b) \_\_\_\_\_

c) Bereavement Care Package

c) \_\_\_\_\_

d) Others (please specify): \_\_\_\_\_

d) \_\_\_\_\_

**TOTAL****CREDIT/DEBIT CARD INFORMATION**

Card Holder's Name: \_\_\_\_\_

Credit/Debit Card Type:

☐

Visa

☐

Master

Expiry date:





MM/YY

Credit /Debit Card  
Number:
















CVV




Contact Number

Signature of Card Holder:

Date:

\*\*\*For Office Use Only\*\*\*

Effective date: 1 September 2018

Processing Date of Approval:

Code Number:

Declined (Reason):

Reminder: Please DO NOT mail or submit credit card payment advice at counter again, if it has been earlier sent/faxed to our office.