



AMAL AGENT/SUB-AGENT APPLICATION FORM

1. Personal Data

Name: *	
Last Name: *	
Email Address: *	
Address1: *	{Utility bill}
Address 2: *	{Utility bill}
Telephone: *	
Fax: *	
Mobile: *	
City: *	
State/Region:*	
Country: *	
Nationality: *	{ <u>Copy of passport, recognized ID like driving license or social id</u> }

2. Potential Customers in Month sending to the following regions.

Africa	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>
Asia	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>
America	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>
Australia	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>
Newzealand	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>
Canada	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>
Europe	Less than 200	<input type="checkbox"/>	Between 200-1000	<input type="checkbox"/>	More than 1000	<input type="checkbox"/>

3. Office Equipment (Communication Items)

Computer	<input type="checkbox"/> If yes (.....)	<input type="checkbox"/> If no (.....)
Printer	<input type="checkbox"/> If yes (.....)	<input type="checkbox"/> If no (.....)
Fax	<input type="checkbox"/> If yes (.....)	<input type="checkbox"/> If no (.....)
Telephone	<input type="checkbox"/> If yes (.....)	<input type="checkbox"/> If no (.....)
Internet	<input type="checkbox"/> If yes (.....)	<input type="checkbox"/> If no (.....)

4. Reference:

- Bank Reference *
- Professional Reference*
- Business supplier reference*
- Credit reference *

5. Guarantee*

- Deposit against trading limit \$ _____