



**2. EDUCATION LEVEL**

DETAILS	APPLICANT	SPOUSE (If applicant is married)
2.1 Highest Qualification Achieved		
2.2 Name of School/University		

**3. OTHER SKILLS**

DETAILS	APPLICANT	SPOUSE (If applicant is married)
3.1 Spoken (Language/Dialect)		
3.2 Written (Language/Dialect)		
3.3 Computer Proficiency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.4 If yes to Question 3.3, please provide type of software knowledge		

**4. EMPLOYMENT RECORDS**

DETAILS	APPLICANT	SPOUSE (If applicant is married)
4.1 Current Employer (Name of Company)		
4.11 Address		
4.12 Nature of Business		
4.13 Position Held		
4.14 Monthly Income		
4.15 Years Employed (FROM which year to year)		
4.2 Previous Employer (Name of Company)		
4.21 Address		
4.22 Nature of Business		
4.23 Position Held		
4.24 Monthly Income		
4.25 Years Employed (FROM which year to year)		

**5. NO. OF CHILDREN**

NAME	AGE	GENDER	IDENTITY CARD NO. (If applicable)
1)			
2)			
3)			
4)			

## 6. OTHER INFORMATIONS

DETAILS	APPLICANT	SPOUSE (If applicant is married)
6.1 Membership in other direct selling companies and highest position held		
6.2 Have you been charged or convicted for the violation of any law apart from minor traffic offences? If yes, please provide details.		
6.3 Have you ever had a court judgement entered against you OR been bankrupt? If yes, please provide details.		
6.4 Do you have any relatives who are already eCosway BOSC operator? If yes, please provide details.		

## 7. COMMITMENT AND AVAILABILITY

DETAILS	APPLICANT	SPOUSE (If applicant is married)
7.1 Are you able to work on weekends and public holidays?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2 When is the earliest date you are able to start running the BOSC?		

## 8. DECLARATION

I hereby solemnly declare that the information disclosed in this application is true, complete and correct to the best of my knowledge and understanding. I understand and accept that any false statement or withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment or for its immediate cancellation if the appointment has been accepted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## SECTION B

### 1. PROPOSED AREA

CITY/SUBURB \_\_\_\_\_

PROVINCE \_\_\_\_\_

### 2. DETAILS OF PROPOSED AREA

What is the population in your proposed area ? \_\_\_\_\_

ESTABLISHMENT	NUMBER	NAME
Bank		
Supermarket		
Cinema		
Other Direct Selling Company		
Government Offices		
Residential Gardens (State no. of houses in each garden in brackets)		

### 3. STATE YOUR SALES PROJECTION

Within 6 months : THB \_\_\_\_\_ per month

More than 1 year : THB \_\_\_\_\_ per month

State your ideas and growth plan to meet your sales projection of your proposed area.

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