

CUSTOMER ACCOUNT OPENING FORM

HERNAN CORPORATION SDN BHD ("HCSB")



*1. COMPANY BASIC INFORMATION OF CUSTOMER (collectively "Customer")

Company/Business Name (if Partnership please specify names)			
Company No. / Business Registration No.		Incorporation/ Registration Date:	
Registered Address			
Business Address (if different from Registered Address)			
Contact Details	Tel:		Fax:
Company/Business Type	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Dealer <input type="checkbox"/> Other (please specify)		
Nature of Business			
Person-in-charge (PIC)	Sales PIC: _____ Email: _____ Mobile: _____ Logistics PIC: _____ Email: _____ Mobile: _____ Finance PIC: _____ Email: _____ Mobile: _____		

*2. CUSTOMER FINANCIALS

a) Paid-Up Capital (RM):

b) Required Documents

1. Memorandum and Articles of Association OR Constitution of Company;
2. Application for Registration [Section 14] (if applicable);
3. Form 9/Form 13 OR Certificate of Incorporation [Section 17]; Identity Card (for sole proprietor only);
4. Latest Annual Return Form, Current Year Audited Financial Statements & latest Bank Statements (3 months).
5. Mutual Non-Disclosure Agreement. (If any)

c) Related Party (Yes / No) - Please confirm if the Supplier Company is part of OR has any family members and relatives working for the Hernan Group of Companies, Malaysia and/or Hernan (Shanghai) Companies, China.

☐ **No #** - Supplier Company is not part of nor does it have any directors, employees, family members and relatives working for the Hernan Group of Companies, Malaysia and/or Hernan (Shanghai) Companies, China.

☐ **Yes #** - Please elaborate:

#Please tick at whichever is applicable.

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*3. CUSTOMER BUSINESS INFORMATION

1) Is your Company listed on a stock exchange?	<input type="checkbox"/> No <input type="checkbox"/> If yes, please list out		
2) Does your Company trade or operate under any other names?	<input type="checkbox"/> No <input type="checkbox"/> If yes, please list those other names:		
3) How long has your Company been actively operating?	_____ Years		
4) Does your Company have the required licenses to deliver the supply?	<input type="checkbox"/> Yes <input type="checkbox"/> If "No", please explain:		
5) How many employees does your Company have?	_____ Staffs		
6) Please list all owners, partners, and shareholders in your Company (percentage should total 100%). In the case of a corporation where there are more than 50 shareholders, please list any person, company, or other entity who owns more than 10% of the shares in your Company. Attach additional pages if necessary.	Name	%	
7) Is your Company a subsidiary of another company? If "Yes", please identify the parent company, and provide the information given in response to question 6 in respect of the parent company. Attach additional pages if necessary.	Name	%	
8) Please list the Directors of your Company. Attach additional pages if necessary.	Name	Title	
9) Please list the Key Account Manager in your Company who will be principally responsible for the Hernan Group of Companies account.	Name	Title	
10) Are any of the individuals: a current or former Government Official; or a Close Family Member of a Government Official working on or on behalf of the Hernan Group of Companies account? If yes, please list out	Name	Position	Name of Public Entity

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11) Are any of the individuals a relation, friend or business associate working on or on behalf of the Hernan Group of Companies account? If "Yes", please identify the relevant individual(s) below	Name	Position	Nature of Relationship
12) Does your Company have any policies, procedures and/or controls in place to prevent corruption?	<input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide details below, and attach copies of such policies, procedures and/or controls.		
13) Has: (1) your Company, or (2) its directors, or shareholders/owners; or (3) any Key Account Manager principally responsible for the Hernan Group of Companies account, or other person working on behalf of your Company, to the best of your knowledge, been listed on any restricted trading list maintained by any country or the United Nations? If "Yes", please provide full details below:	Name	Position	Nature of Relationship
14) Has: (1) your Company; or (2) its directors, and shareholders/owners; or (3) any Key Account Manager principally responsible for the Hernan Group of Companies account, or other person working on behalf of your Company, to the best of your Company's knowledge, disclosed to any regulatory and/or enforcement agency the violation of, or possible violation of, any laws, rules, or regulations relating to bribery, corruption, sanctions, fraud, money laundering, or any other criminal offences involving fraud or corruption?	<input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide full details below		
*4. CUSTOMER E-INVOICING INFORMATION			
1) E-Invoice Email			
2) E-Invoice Contact Number			
3) Tax Identification Number (TIN)			
4) SST Registration Number			
5) Malaysia Standard Industrial Classification (MSIC) Code			
6) Tourism Tax Registration Number			

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*5. PRIVACY AGREEMENT / DECLARATION

- We/I the undersigned do hereby declare that We/I have the full legal authority to sign this form, and all information (including the documents) provided herein are true and accurate according to the law.
- We/I agree and consent that all information (including the documents) provided herein shall be used by HCSB for its customer evaluation and registration purposes prior to the execution of a customer agreement, and conduct credit/trade check where applicable with any registered credit reporting agencies at any time for as long as We/I have a trade relationship with HCSB or where any dues remain unpaid and outstanding, and we/I hereby agree and consent to the Privacy Notice of HCSB, which is attached herewith to this application form.
- We/I hereby undertake that We/I shall always keep confidential all information (whether orally or in writing) provided by HCSB and/or its representatives. We/I shall not disclose such information to any person regardless of whether We/I will be finally appointed as the Customer of HCSB.

.....
(Signature of authorized signatory)
Name:
Designation:
Date:
Company Stamp:

FOR OFFICE USE ONLY:

Customer Code			
Credit Term (days)			
Average Monthly Sales (AMS)	MYR :		
Credit Limit	MYR :		
	Note: AMS * (Credit Term in Month + 1 Month)		
To be filled in by Sales			
Requested by :		Approved by :	
		Head of Sales	
		_____
Name :		Name :	
Designation :		Designation :	
Date :		Date :	
To be filled in by Finance			
Verified by :		Approved by :	
		Head of Finance	
		_____
Name :		Name :	
Designation :		Designation :	
Date :		Date :	
To be filled in by IT			
SAP Updated by :			
IT Department			
		
Name :			
Designation :			
Date :			