



Healthy Mind Solutions (Philippines)
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Email: info@healthymindsolutions.net

HEALTHY MIND SOLUTIONS RESELLER PARTNER APPLICATION FORM

Reseller Category / Type	Please tick one
Individual	<input type="checkbox"/>
Corporate	<input type="checkbox"/>
Organization Partner	<input type="checkbox"/>
Others (please specify):	<input type="checkbox"/>

For Corporate/Organization Partner

Establishment Name:

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Address: Unit / Block No.

Street Address

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Barangay

City

Zip Code

Region

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Nature of Business:

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Authorized Personnel: First Name

Middle Name

Last Name

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Contact: Landline

Mobile

Email

--	--	--

For Individual

First Name

Middle Name

Last Name

--	--	--

Date of Birth

Gender

Profession

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Contact: Landline

Mobile

Email

--	--	--

Address: Unit / Block No.

Street Address

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Brgy

City

Zip Code

Region

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ID Type

ID No.

B.I.R. TIN No.

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BANK ACCOUNT DETAILS

Bank Name	Account Holder's Name
Account No.	Account Type (Savings / Checking)
Bank Branch Address	Swift Code

DECLARATION:

I, the undersigned, hereby confirm that all the above information provided are accurate and correct, and I hereby acknowledge that I am registering to be a Reseller of Healthy Mind Solutions at my own free will. I also agree that I shall fully abide by all the commission rates, selling and pricing guidelines, rules, regulations, terms and conditions as set by Healthy Mind Solutions' and that I will undertake to represent Healthy Mind Solutions' services, image and credibility accurately and shall not make any unapproved claim and guarantee at all times failing which Healthy Mind Solutions shall have the full rights to terminate my Reseller appointment without any prejudice. I hereby also agree that I must immediately inform Healthy Mind Solutions on any latest updates or changes of information provided in this registration form.

Signature

Date

FOR INTERNAL USE

Application Status:	APPROVED / DISAPROVED
Application Processed By:	
Date:	
Remarks/Notes:	

AUTHORIZED SIGNATURE: