

STC MALL AFFILIATE PROGRAM

AFFILIATE APPLICATION FORM



Application Date: _____

AFFILIATE INFORMATION

Affiliate Name (CN) _____ (EN) _____

Identity No. _____

Address _____

Mobile No. _____

E-mail _____

Person In Charge
(STC Mall Acc No.) _____

Shop Name _____

Selling Product _____

Remark: Please send this application form to astc5u@gmail.com

STC MALL AFFILIATE PROGRAM

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Application Date:

*Upload real picture on the blank page below:

2. Identity Card (Both Side)	

Remark: STC Mall reserves the right to accept or decline without prior notice.