Register with us as a Partner

ACIC INICODMATION



Complete the following form and mail it with the materials requested as indicated. You'll find our contact information at the bottom of this page.

BASIC INFORMATION			
Business Legal Name:			
Office Address:			
Region:	Postal Code:	Country:	
Phone:	Mobile:		
Email:			
BRN No:	VAT No:		
*kindly attach BRN, VAT and Certifi	cate of Incorporation as requirements agains	st our KYC documentation.	
Interest in which Produ	ct / Services:		
Engenius Qnap	Yeastar Cloud PBX Planet	Calidad	
SALES CONTACT DETA	ILS		
Full Name:			
Email:	Phone/Mobile:		
FINANCE CONTACT DE	TAILS		
Full Name:			
Email:	Phone/	Phone/Mobile:	
Director Signature:	Seal:		
*kindly attach a copy of your ID			
Name:			
Date:			

Your name will be added to our mailing list, website and any other correspondences for general sales / marketing activities to end users By signing this form, you agree to receive newsletters and any other correspondences with respect to your partner activities with us.