



Guide to Rockwills' Franchise License Portal

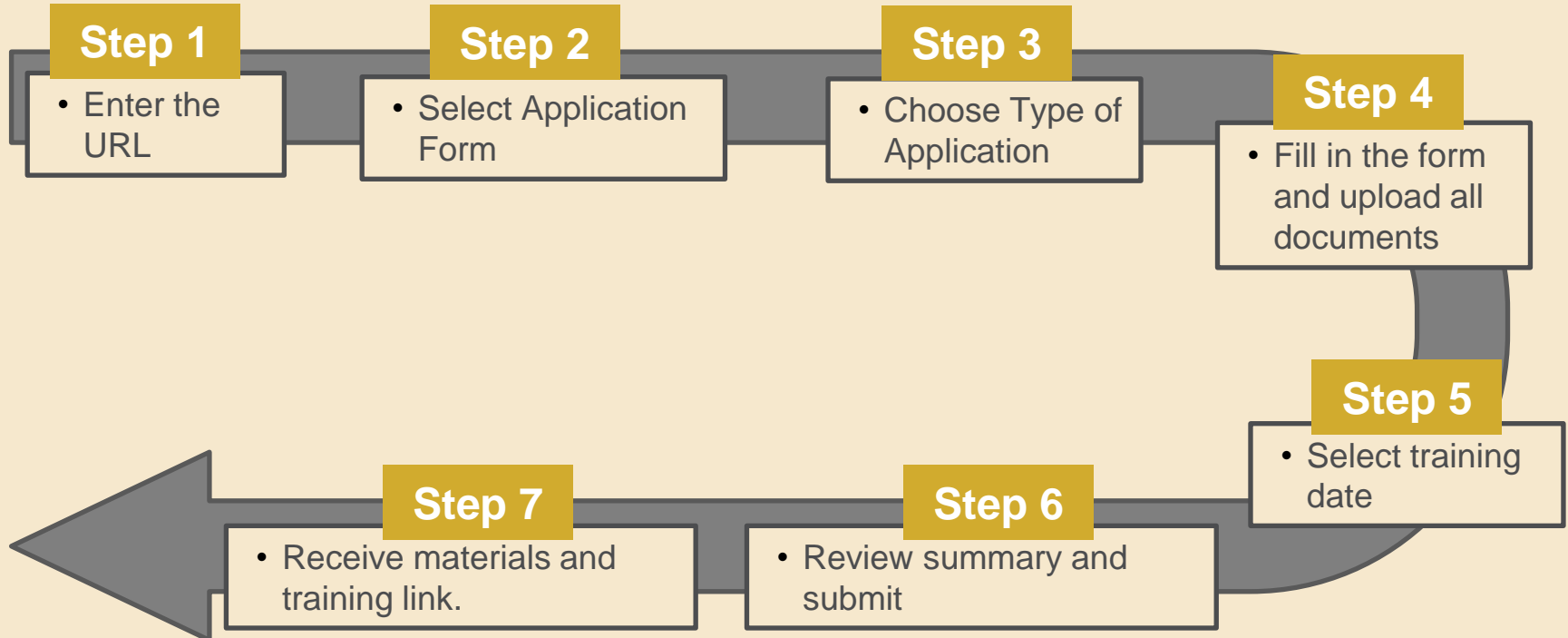
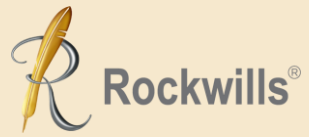
Who will use this Portal?

Individuals who wish to apply for:

- I. Rockwills Franchise license
- II. Recruiters who is assisting his Recruit to complete the license application
- III. 2nd and 3rd Rockwills Estate Planner (REP)



Overview for the Franchise License Portal



Key in this URL



<https://franchise.rockwills.com>

Important: Do not use your smartphone

Compatible with any internet browser in your computer:



Google Chrome



FireFox



Safari



Microsoft Edge

New Franchise License Application

TYPES OF APPLICATION

STEP 1 – Choose your Application Type

- 1) Choose your application from the following:
New Franchise License, or

Step 1 : Choose your application form.



New Franchise License

New application for franchise license

Proceed



Rockwills Estate Planner

New application as 2nd/3rd REP

Proceed

For:

- New franchise license and main Rockwills Estate Planner (REP)

New Franchise License

Step 2 : Choose Type of Application

TYPE OF APPLICATION

- | | |
|--|---|
| <input type="radio"/> Individual | <input type="radio"/> Sole Proprietorship |
| <input type="radio"/> Partnership | <input type="radio"/> Private Limited Company |
| <input type="radio"/> Public Limited Company | |

PREVIOUS

NEXT

STEP 2

Select only one type of application.

Please note that the SSM certificate is required for all application, except “Individual”.

New Franchise License

Private Limited Company

Step 3 : Please fill in the form

Please provide the required (*) information.

BUSINESS INFORMATION

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Business Registration Information

Name of Business or Company *

Business/Company Registration No. *

Business/Company Income Tax No. *

Date of Registration/ Incorporation *

Years in Operation

Business Activity

Auditor

Contact Information

Declaration

Director / Shareholder

SAVE & EXIT

PREVIOUS

SAVE & NEXT

1

Fill in the information.

NOTE:

Complete all section marked with asterisk *

2

Click "Contact Information" to continue.

Fill in the form.

Note: Each type of application requires different information. Please fill in accordingly.

New Franchise License

Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

1

Fill in the information.

NOTE:
Complete all section marked with asterisk *

2

Click "Contact Information" to continue.

PERSONAL PARTICULARS	REP INFORMATION	COMMISSION INFORMATION	DOCUMENTS
Personal Particulars			
Full Name (as per your NRIC) *			
BRUCE WAYNE			
NRIC No. *		Date of Birth *	
830222-35-3888		22-02-1983	
Personal Income Tax No.			
Gender *			
<input checked="" type="radio"/> Male <input type="radio"/> Female			
Race *			
<input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Malay <input checked="" type="radio"/> Others			
Marital Status *			
<input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widower/Widow <input type="radio"/> Divorced			
Language *			
Spoken			
<input checked="" type="checkbox"/> Cantonese <input checked="" type="checkbox"/> English <input type="checkbox"/> Foo Chow <input type="checkbox"/> Hainanese <input checked="" type="checkbox"/> Hakka <input checked="" type="checkbox"/> Hokkien <input checked="" type="checkbox"/> Japanese			
<input checked="" type="checkbox"/> Kadazan <input checked="" type="checkbox"/> Malay <input checked="" type="checkbox"/> Mandarin <input type="checkbox"/> Punjabi <input checked="" type="checkbox"/> Tamil <input type="checkbox"/> Teoh Chew			
Written			
<input checked="" type="checkbox"/> Cantonese <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Foo Chow <input type="checkbox"/> Hainanese <input type="checkbox"/> Hakka <input checked="" type="checkbox"/> Hokkien <input checked="" type="checkbox"/> Japanese			
<input type="checkbox"/> Kadazan <input type="checkbox"/> Malay <input checked="" type="checkbox"/> Mandarin <input checked="" type="checkbox"/> Punjabi <input checked="" type="checkbox"/> Tamil <input checked="" type="checkbox"/> Teoh Chew			
Contact Information			
Employment Information			
Academic Information			
Declaration			
Main REP			
SAVE & EXIT		PREVIOUS	SAVE & NEXT

3

Fill in your contact information.


NOTE:

Tick this box after filling in the email address.

NOTE: All information related to your client should be kept confidential in compliance with PDPA requirement. Hence, please avoid using a general email that can be accessed by everyone.

4

Click "Employment Information" to continue.

Personal Particulars 

Contact Information

Handphone No. (1) *
60 - 129876543

Handphone No. (2)
60 -

Email (1) *
bruce@email.com

Home Tel. No.
60 -

Office Tel. No.
60 -

Email (2)

I declare the email address mentioned is only accessible by applicant.

Correspondence Address *

Country
MALAYSIA

Postcode
Select one

City
Select one

State
Select one

Same as Correspondence Address


Home Address

Country
MALAYSIA

Postcode
Select one

City
Select one

State
Select one

Employment Information 

New Franchise License

Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Personal Particulars 

Contact Information 

Employment Information 

Previous / Current Employer / Business Name *

N/A

Industry *

Life Insurance

Unit Trust

General Insurance

Others

Position

Annual Income

Years of Service

Select one

Employment Address

Country

MALAYSIA


Postcode

City

State

Select one

Select one

Academic Information 

Declaration 

Main REP 

SAVE & EXIT

PREVIOUS

SAVE & NEXT

5

Fill in your
Employment
information.

NOTE:

The * column is compulsory to fill.
Put "N/A" if it is not applicable.

6

Click "Academic
Information" to
continue.

New Franchise License Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Personal Particulars 0

Contact Information

Employment Information

Academic Information

Educational Level *

Master Degree Diploma STPM SPM CFP RPF Others

Please provide details of your Master / Degree / Diploma

Declaration

Main REP

SAVE & EXIT

PREVIOUS

SAVE & NEXT

Note:

Please complete education details

Example: Diploma in Business Administration

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Click "Declaration" to continue.

New Franchise License

Individual

Step 3 : Please fill in the form

Please provide the required (*) information.



PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Personal Particulars

Contact Information

Employment Information

Academic Information

Declaration

	Yourself	Spouse
1. Have you been declared bankrupt? *	<input type="radio"/> No <input type="radio"/> Yes, give details and date	
2. Have you been convicted of a criminal offence? *	<input type="radio"/> No <input type="radio"/> Yes, give details and date	
3. Are you or your spouse an existing or formerly a Franchisee / Rockwills Estate Planner / Employee of Rockwills? *	<input type="radio"/> No <input type="radio"/> Yes, provide the full name	<input type="radio"/> No <input type="radio"/> Yes, provide the full name
4. Are you an existing or formerly estate planner / agent / will writer of another estate planning company? *	<input type="radio"/> No <input type="radio"/> Yes, give details	
5. Are you a director / shareholder of a business / company that also holds a Rockwills franchise license? *	<input type="radio"/> No <input type="radio"/> Yes, give details	

Main REP

SAVE & EXIT

PREVIOUS

SAVE & NEXT

8

Click "Main REP" to continue.

Note:

Read the questions carefully and select the answers accordingly.

Please provide the details if you click 'YES'

New Franchise License

Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Personal Particulars ⓘ

Contact Information

Employment Information

Academic Information

Declaration

Main REP

Is the information stated in Personal Particular section above is the main REP? : * Yes No

Select "Yes" if you are the person owning & operating the license

Select "No" if franchise license owner is not operating the license

SAVE & EXIT

PREVIOUS

SAVE & NEXT

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Click "SAVE & NEXT" to proceed

New Franchise License Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Main REP (Required) ⓘ

REP Information

Full Name (as per your NRIC) *

BRUCE WAYNE

NRIC No. *

830222-35-3888

Date of Birth *

22-02-1983

Gender *

Male Female

Race *

Chinese Indian Malay Others

Marital Status *

Single Married Widower/Widow Divorced

Language *

Spoken Cantonese English Foo Chow Hainanese Hakka Hokkien Japanese
 Kadazan Malay Mandarin Punjabi Tamil Teoh Chew

Written Cantonese English Foo Chow Hainanese Hakka Hokkien Japanese
 Kadazan Malay Mandarin Punjabi Tamil Teoh Chew

Contact Information

Handphone No. (1) *

60 - 129876543

Office Tel. No.

60 -

Email (1) *

bruce@email.com

Correspondence Address *

Main REP's information is compulsory.

Note:
Every field will be generated automatically if you selected "main REP" in the previous "Personal Particulars".

Scroll to the bottom to continue.

Academic Information

Educational Level *
 Master Degree Diploma STPM SPM CFP RPF Others

Please provide details of your Master / Degree / Diploma

Declaration

	Yourself	Spouse
1. Have you been declared bankrupt? *	<input checked="" type="radio"/> No <input type="radio"/> Yes, give details and date	
2. Have you been convicted of a criminal offence? *	<input checked="" type="radio"/> No <input type="radio"/> Yes, give details and date	
3. Are you or your spouse an existing or formerly a Franchisee / Rockwills Estate Planner / Employee of Rockwills? *	<input checked="" type="radio"/> No <input type="radio"/> Yes, provide the full name	<input checked="" type="radio"/> No <input type="radio"/> Yes, provide the full name
4. Are you an existing or formerly estate planner / agent / will writer of another estate planning company? *	<input checked="" type="radio"/> No <input type="radio"/> Yes, give details	
5. Are you a director / shareholder of a business / company that also holds a Rockwills franchise license? *	<input checked="" type="radio"/> No <input type="radio"/> Yes, give details	

Second REP (Optional)

Third REP (Optional)

SAVE & EXIT PREVIOUS SAVE & NEXT

Only fill in these 2 if you have second and/or third REP.

10

Please check if all information is accurate before clicking "Save & Next".

New Franchise License Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Bank Account Information

Name of Bank *

Select one

Please enter 2 or more characters

Type **at least 2 characters** to find your bank's name.

Account No. *

Account Holder ID *

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Upline Information

Click "Upline Information" to continue.

Declaration

SAVE & EXIT

PREVIOUS

SAVE & NEXT

NOTE:

Please provide the number only.

Do not need to include "-" or other symbols.

It must be applicant's **own** bank account.

NOTE:

For Personal account:
Provide account holder's NRIC number;

Company account:
Provide company registration number

IMPORTANT NOTE:

This section is optional.
If you do not have/need an Upline, please skip this section
Selection is deemed final.

New Franchise License Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS	REP INFORMATION	COMMISSION INFORMATION	DOCUMENTS
Bank Account Information			
Upline Information			
Business Registration No. / NRIC No.		Franchise Code	
<input type="text"/>		<input type="text"/>	
Franchise Name		Registered Email	
<input type="text"/>		<input type="text"/>	
Registered HP No.		Remark	
<input type="text"/>		<input type="text"/>	
Declaration			
SAVE & EXIT		PREVIOUS	SAVE & NEXT

Upline details can be searched using upline's business/NRIC no. or Franchise code.

Please check with your recruiter if unsure.

You may provide the name and email address in remark if you are **unable** to find the name.

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Click "Declaration" to continue.

New Franchise License Individual

Step 3 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Bank Account Information

Upline Information

Declaration

I declare,

- that I am not a REP, shareholder or director of an existing Franchise License;
- that I have not been recruited by any other franchisee of Rockwills and;
- I understand that I am not allowed to change recruiter/introducer after submission of this application form and;
- confirm that the details provided above are true and accurate to the best of my knowledge.

* Please ensure that all details are correct, otherwise Rockwills reserve the right to reject your application.

SAVE & EXIT

PREVIOUS

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SAVE & NEXT

Applicant must agree and tick all boxes in declaration before proceeding further.

Please call 03-7932 1997 or email franchise@rockwills.com if you have further inquiries.

New Franchise License Individual

Step 3 : Please fill in the form

Please provide the required (*) information.



PERSONAL PARTICULARS

REP INFORMATION

COMMISSION INFORMATION

DOCUMENTS

Important :

1. The documents except passport size photograph can be uploaded using file type (.pdf, .png, .gif, .jpeg, .doc, .jpg, .docx, .zip).
2. The passport size photograph can only be accepted as picture format (.png, .gif, .jpeg, .jpg).

Payment methods (Online transfer/Credit card)

Online Transfer

Please make payment by online transfer to bank account of Rockwills Corporation Sdn Bhd :

MAYBANK Account No.	: 5141 6942 7001
CIMB Account No.	: 800 2325 790
PUBLIC BANK Account No.	: 3139 1858 35

Credit Card

Please fill in the credit card form for payment by credit card or Easy Payment Plan

[DOWNLOAD CREDIT CARD FORM](#)

Credit Card Form is available here.

*Please upload the bank transaction slip or credit card form in the Proof of Payment / Credit Card Form below.

Note:
Upload both front and back of the NRIC

Main REP

1. NRIC *

2. Highest Academic Certificate *

3. Passport Size Photograph *

4. Proof of Payment / Credit Card Form*

**New Franchisee Fees : RM 3888.00

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

14

Only 1 file is allowed for each section. Please **merge** the documents into one **OR** upload the documents in "**zip file**".

Note: Files with the same name will be rejected by the system.

15

SAVE & EXIT

PREVIOUS

SAVE & PROCEED TO TRAINING DATE

New Franchise License Individual

Step 4 : Training Date

LIST OF TRAINING DATE

Click event on calendar to select training date.

< > today June 2023 month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	
	9:30AM 4 days Will & Trust Training (Bilingual)					
	9:30AM 4 days Will & Trust Training (Bilingual)					
25	26	27	28	29	30	1
	9:30AM 4 days Will & Trust Training (English)					
2	3	4	5	6	7	8

No.	Full Name	Business Reg. No. / NRIC No.	Handphone No. (1)	Start Date	End Date
1.	BRUCE WAYNE	830222-35-3888	60-129878543		

SAVE & EXIT PREVIOUS PROCEED TO SUMMARY

16

STEP 4 – Select your training date

Select by **Clicking** your preferred training intake (Blue Bar)

Note: Bilingual class will be conducted in Mandarin and English.

Registration cut off time for the upcoming training intake is every Friday, 2pm.

For example, the cut off date for the intake scheduled between 26th and 30th is 23rd (Friday), 2pm.

Training

Name

4 days Will & Trust Training (Bilingual)

Start

Monday, 3rd Jul 2023 9:30 AM

End

Thursday, 6th Jul 2023 11:30 AM

Description

Contact Details:

(i) Shung (ng-sze-shung@rockwills.com) 016-9179663

(ii) Mashitah (nurmashitah@rockwills.com) 014-7452194

(iii) Diana (elya-diana@rockwills.com) 011-29208108

(iv) Hazman (muhammad-hazman@rockwills.com) 011-37229386

Please select applicant for the above training date. *

No.	Full Name	Business Reg. No. / NRIC No.	Handphone No. (1)
<input type="checkbox"/>	BRUCE WAYNE	830222-35-3888	60-129876543

Double check the training date

17

Select the person attending the training

Click "Save"

18

Close Save

19

Click "Proceed to Summary"

SAVE & EXIT

PREVIOUS

PROCEED TO SUMMARY

New Franchise License

Individual

Step 5 : Summary



Review the summary and check to ensure all information is accurate.

Personal Particulars

[Edit](#)

Personal Particulars

Full Name (as per your NRIC)	BRUCE WAYNE
NRIC No.	830222-35-3888
Date of Birth	22/02/1983
Personal Income Tax No.	
Gender	Male
Race	Others
Marital Status	Single
Language	Spoken - Cantonese / English / Hakka / Hokkien / Japanese / Kadazan / Malay / Mandarin / Tamil Written - Cantonese / English / Foo Chow / Hokkien / Japanese / Mandarin / Punjabi / Tamil / Teoh Chew

Contact Information

Handphone No. (1)	60-129876543
Handphone No. (2)	
Home Tel. No.	
Office Tel. No.	
Email (1)	bruce@email.com
Email (2)	
Correspondence Address	YOUR ADDRESS 34000 TAIPING PERAK, MALAYSIA
Home Address	YOUR ADDRESS 34000 TAIPING PERAK, MALAYSIA

Employment Information

Previous / Current Employer / Business Name	N/A
Industry	Others
Position	
Annual Income (RM)	
Years of Service	0
Employment Address	

Academic Information

REP Information [Edit](#)

No.	REP's Name	NRIC No.	Email	HP No. (1)	Main REP	Training Start Date	Training End Date	View Details
1.	BRUCE WAYNE	830222-35-3888	bruce@email.com	60-129876543	Yes	28/09/2023	30/09/2023	VIEW DETAILS EDIT TRAINING

Commission Information [Edit](#)

Bank Account Information

Name of Bank.	United Overseas Bank (M) Berhad
Account No.	1345131245
Account Holder Name	BRUCE WAYNE
Account Holder ID	Batman

Upline Information

Business Registration No. / NRIC No.	
Franchise Code	
Franchise Name	
Registered Email	
Registered HP No.	
Remarks	

Document [Edit](#)

Main REP

<input checked="" type="checkbox"/> NRIC	VIEW
<input checked="" type="checkbox"/> Highest Academic Certificate	VIEW
<input checked="" type="checkbox"/> Passport Size Photograph	VIEW
<input checked="" type="checkbox"/> Proof of Payment / Credit Card Form	VIEW

Survey

How did you hear about Rockwills Franchise Business? *

Newspapers Friend TV Magazines Radio Billboard Others

I confirm that the details provided above are true and accurate to the best of my knowledge.

I have read and agree to abide by [terms and conditions](#) herein.

[SUBMIT APPLICATION](#)

20
Complete the survey



21
Complete the form and submit the application.



REP Information

No.	REP's Name	NRIC No.	Application End Date	View Details
1.	BRUCE WAYNE	830222	1/2023	VIEW DETAILS EDIT TRAINING

Application Confirmation

Are you sure you want to submit this application?

Commission Information

Bank Account Information

Name of Bank.	United Overseas Bank (M) Berhad
Account No.	1345131245
Account Holder Name	BRUCE WAYNE
Account Holder ID	Batman

Upline Information

Business Registration No. / NRIC No.	
Franchise Code	
Franchise Name	
Registered Email	
Registered HP No.	
Remarks	

Document

Main REP

<input checked="" type="checkbox"/>	NRIC	VIEW
<input checked="" type="checkbox"/>	Highest Academic Certificate	VIEW
<input checked="" type="checkbox"/>	Passport Size Photograph	VIEW
<input checked="" type="checkbox"/>	Proof of Payment / Credit Card Form	VIEW

Survey

How did you hear about Rockwills Franchise Business? *

Newspapers Friend TV Magazines Radio Billboard Others

I confirm that the details provided above are true and accurate to the best of my knowledge.

I have read and agree to abide by [terms and conditions](#) herein.

[SUBMIT APPLICATION](#)

22

Click "YES" to confirm your submission.

What's Next?

You will receive the following via email after submission:

1. Payment receipt,
2. Training materials,
3. Rockwills Will and Trust Training access link.

Need Help?

Contact our Training Coordinators at 03 – 7781 1993

Or

Email us: franchise@rockwills.com

2nd or 3rd REP Application

TYPES OF APPLICATION

Step 1 : Choose your application form.



New Franchise License

New application for franchise license

Proceed



Rockwills Estate Planner

New application as 2nd/3rd REP

Proceed

1

**Choose your
Application Type**

Rockwills Estate Planner

Step 2 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

FRANCHISE INFORMATION

DOCUMENTS

1

Fill in the information.

NOTE:
Complete all section marked with asterisk *

2

Click "Contact Information" to continue.

Personal Particulars

Full Name (as per your NRIC) *

BRUCE WAYNE

NRIC No. *

830222-35-3888

Date of Birth *

22-02-1983

Personal Income Tax No.

Gender *

Male Female

Race *

Chinese Indian Malay Others

Marital Status *

Single Married Widower/Widow Divorced

Language *

Spoken Cantonese English Foo Chow Hainanese Hakka Hokkien Japanese
 Kadazan Malay Mandarin Punjabi Tamil Teoh Chew

Written Cantonese English Foo Chow Hainanese Hakka Hokkien Japanese
 Kadazan Malay Mandarin Punjabi Tamil Teoh Chew

Contact Information

Employment Information

Academic Information

Declaration

SAVE & EXIT

PREVIOUS

SAVE & NEXT

3

Fill in your
contact
information.


NOTE:


Tick this box after filling in
the email address.

NOTE: All information
related to your client
should be kept confidential
in compliance with PDPA
requirement. Hence,
please avoid using a
general email that can be
accessed by everyone.

4

Click "Employment
Information" to continue.

Personal Particulars 

Contact Information 

Handphone No. (1) *	Home Tel. No.
60 - 129876543	60 -
Handphone No. (2)	Office Tel. No.
60 -	60 -
Email (1) *	Email (2)
bruce@email.com	

I declare the email address mentioned is only accessible by applicant.

Correspondence Address *

Country
MALAYSIA


Postcode City State
Select one [] Select one

Same as Correspondence Address

Home Address

Country
MALAYSIA

Postcode City State
Select one [] Select one

Employment Information 

Rockwills Estate Planner

Step 2 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

FRANCHISE INFORMATION

DOCUMENTS

Personal Particulars

Contact Information

Employment Information

Previous / Current Employer / Business Name *

Smithereens Sdh Bhd

Industry *

Life Insurance

Unit Trust

General Insurance

Others

Position

Annual Income

Years of Service

Select one

Academic Information

Declaration

SAVE & EXIT

PREVIOUS

SAVE & NEXT

5

Fill in your
Employment
information.

NOTE:

The * column is compulsory to fill.
Put "N/A" if it is not applicable.

6

Click "Academic
Information" to
continue.

Rockwills Estate Planner

Step 2 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

FRANCHISE INFORMATION

DOCUMENTS

Personal Particulars 0

Contact Information

Employment Information

Academic Information

Educational Level *

Master

Degree

Diploma

STPM

SPM

CFP

RPF

Others

Please provide details of your Master / Degree / Diploma

Declaration

SAVE & EXIT

PREVIOUS

SAVE & NEXT

Note:

Please complete education details.

Example: Diploma in Business Administration

7

Click "Declaration" to continue

Rockwills Estate Planner

Step 2 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARS

FRANCHISE INFORMATION

DOCUMENTS

Personal Particulars

Contact Information

Employment Information

Academic Information

Declaration

	Yourself	Spouse
1. Have you been declared bankrupt? *	<input type="radio"/> No <input type="radio"/> Yes, give details and date	
2. Have you been convicted of a criminal offence? *	<input type="radio"/> No <input type="radio"/> Yes, give details and date	
3. Are you or your spouse an existing or formerly a Franchisee / Rockwills Estate Planner / Employee of Rockwills? *	<input type="radio"/> No <input type="radio"/> Yes, provide the full name	<input type="radio"/> No <input type="radio"/> Yes, provide the full name
4. Are you an existing or formerly estate planner / agent / will writer of another estate planning company? *	<input type="radio"/> No <input type="radio"/> Yes, give details	
5. Are you a director / shareholder of a business / company that also holds a Rockwills franchise license? *	<input type="radio"/> No <input type="radio"/> Yes, give details	

SAVE & EXIT PREVIOUS SAVE & NEXT



Note:

Read the questions properly and select the answers accordingly.

Please fill in the details if you click 'YES'

8

Click "Save & Exit" upon completion of this part.

Rockwills Estate Planner

Step 2 : Please fill in the form

Please provide the required (*) information.

PERSONAL PARTICULARSFRANCHISE INFORMATIONDOCUMENTS

Franchise Information

<p>Business Registration No./ NRIC No. *</p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <div style="display: flex; justify-content: flex-end; align-items: center;"><input style="width: 20px; height: 20px; border: 1px solid #ccc; border-radius: 50%; margin-right: 5px;" type="text"/><input style="width: 20px; height: 20px; background-color: #f00; color: white; border: 1px solid #ccc; border-radius: 50%; margin-right: 5px;" type="text"/></div>	<p>Franchise Code *</p> <input style="width: 90%; border: 1px solid #ccc;" type="text"/> <div style="display: flex; justify-content: flex-end; align-items: center;"><input style="width: 20px; height: 20px; border: 1px solid #ccc; border-radius: 50%; margin-right: 5px;" type="text"/><input style="width: 20px; height: 20px; background-color: #f00; color: white; border: 1px solid #ccc; border-radius: 50%; margin-right: 5px;" type="text"/></div>
<p>Franchise Name</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>Registered Email</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>
<p>Registered HP No.</p> <input style="width: 95%; border: 1px solid #ccc;" type="text"/>	<p>Remark</p> <div style="border: 1px solid #ccc; height: 40px; width: 95%;"></div>

SAVE & EXITPREVIOUSSAVE & NEXT

Franchise details can be searched using upline's business/NRIC no. or Franchise code.

Please check with your Franchisee if unsure.

You may provide the name and email address in remark if you are **unable** to find the name.

9

Click "Save & next" to proceed

Rockwills Estate Planner

Step 2 : Please fill in the form

Please provide the required (*) information.



PERSONAL PARTICULARS

FRANCHISE INFORMATION

DOCUMENTS

Important :

1. The documents except passport size photograph can be uploaded using file type (.pdf, .png, .gif, .jpeg, .doc, .jpg, .docx, .zip).
2. The passport size photograph can only be accepted as picture format (.png, .gif, .jpeg, .jpg).

Payment methods (Online transfer/Credit card)

Online Transfer

Please make payment by online transfer to bank account of **Rockwills Corporation Sdn Bhd** :

MAYBANK Account No.	: 5141 6942 7001
CIMB Account No.	: 800 2325 790
PUBLIC BANK Account No.	: 3139 1858 35

Credit Card

Please fill in the credit card form for payment by credit card or Easy Payment Plan

[DOWNLOAD CREDIT CARD FORM](#)

Credit Card Form is available here.

*Please upload the bank transaction slip or credit card form in the Proof of Payment / Credit Card Form below.

Note:
Upload both front and back of the NRIC

1.NRIC *

2.Highest Academic Certificate *

3.Passport Size Photograph *

4. Proof of Payment / Credit Card Form*

**REP fees : RM 1500.00

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

10

Only 1 file is allowed for each section. Please **merge** the documents into one **OR** upload the documents in **“zip file”**.

Note: Files with the same name will be rejected by the system.

11

SAVE & EXIT

PREVIOUS

[SAVE & PROCEED TO TRAINING DATE](#)

12

**STEP 4 –
Select your
training date**

Select by **Clicking** your preferred training intake (Blue Bar)

Note: Bilingual class will be conducted in Mandarin and English.

LIST OF TRAINING DATE

Click event on calendar to select training date.

< > today June 2023 month

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
9:30AM 4 days Will & Trust Training (Bilingual)		9:30AM 4 days Will & Trust Training (Bilingual)				
25	26	27	28	29	30	1
9:30AM 4 days Will & Trust Training (English)						
2	3	4	5	6	7	8

No.	Full Name	Business Reg. No. / NRIC No.	Handphone No. (1)	Start Date	End Date
1.	BRUCE WAYNE	830222-35-3888	60-129878543		

SAVE & EXIT PREVIOUS PROCEED TO SUMMARY

Registration cut off time for the upcoming training slot is every Friday, 2pm.

For example, the cut off date for the slot between 26th and 30th is 23rd (Friday), 2pm.

Training

Name
4 days Will & Trust Training (Bilingual)

Start
Monday, 3rd Jul 2023 9:30 AM

End
Thursday, 6th Jul 2023 11:30 AM

Description

Contact Details:

- (i) Shung (ng-sze-shung@rockwills.com) 016-9179663
- (ii) Mashitah (nurmashitah@rockwills.com) 014-7452194
- (iii) Diana (elya-diana@rockwills.com) 011-29208108
- (iv) Hazman (muhammad-hazman@rockwills.com) 011-37229386

Please select applicant for the above training date. *

No.	Full Name	Business Reg. No. / NRIC No.	Handphone No. (1)
<input type="checkbox"/>	BRUCE WAYNE	830222-35-3888	60-129876543

Close Save

Double check the training date



13

Select the person attending the training



14

Click "Save"



15

Click "Proceed to Summary"



SAVE & EXIT

PREVIOUS

PROCEED TO SUMMARY

Rockwills Estate Planner

Step 4 : Summary



Personal Particulars

[Edit](#)

Personal Particulars

Full Name (as per your NRIC)	TEST
NRIC No.	881111-11-4543
Date of Birth	11/11/1988
Gender	Male
Race	Chinese
Marital Status	Single
Language	Spoken - Cantonese Written - Cantonese

Contact Information

Handphone No. (1)	60-1721211111
Office Tel. No.	
Email (1)	test@testers.com
Correspondence Address	12 LORONG LORONG 88540 KOTA KINABALU SABAH, MALAYSIA

Employment Information

Previous / Current Employer / Business Name	BESTEST PPL
Industry	Life Insurance
Position	
Annual Income	
Years of Service	0

Academic Information

Educational Level	SPM / CFP
Please provide details of your Master / Degree / Diploma	

Review the summary and check to ensure all information is accurate.

REP Information [Edit](#)

No.	REP's Name	NRIC No.	Email	HP No. (1)	Main REP	Training Start Date	Training End Date	View Details
1.	BRUCE WAYNE	830222-35-3888	bruce@email.com	60-129876543	Yes	28/09/2023	30/09/2023	VIEW DETAILS EDIT TRAINING

Commission Information [Edit](#)

Bank Account Information

Name of Bank.	United Overseas Bank (M) Berhad
Account No.	1345131245
Account Holder Name	BRUCE WAYEN
Account Holder ID	Batman

Upline Information

Business Registration No. / NRIC No.	
Franchise Code	
Franchise Name	
Registered Email	
Registered HP No.	
Remarks	

Document [Edit](#)

Main REP

<input checked="" type="checkbox"/> NRIC	VIEW
<input checked="" type="checkbox"/> Highest Academic Certificate	VIEW
<input checked="" type="checkbox"/> Passport Size Photograph	VIEW
<input checked="" type="checkbox"/> Proof of Payment / Credit Card Form	VIEW

Survey

How did you hear about Rockwills Franchise Business? *

Newspapers Friend TV Magazines Radio Billboard Others


I confirm that the details provided above are true and accurate to the best of my knowledge.

I have read and agree to abide by [terms and conditions](#) herein.

[SUBMIT APPLICATION](#)


16

Complete the survey



17

Complete the form and submit the application.



What's Next?

You will receive the following via email after submission:

1. Payment receipt,
2. Training materials,
3. Rockwills Will and Trust Training access link.

Need Help?

Contact our Training Coordinators at 03 – 7781 1993

Or

Email us: franchise@rockwills.com

Thank you



Making your wishes come true!™

