



NEW SCHOOL ID CREATION

Bringing great books to you through your schools

All of the following information is mandatory. Please complete in full.

SECTION A: School Information

School Name: _____

School Address (for delivery of books): _____

City: _____ Postcode: _____ Country: _____

School Telephone No.: _____ School Fax No: _____

Principal's Name: _____

Estimated Student Population: _____ Estimated No. of Classes: _____

Type of Institution (pls tick ONE):

- Preschool/Enrichment Centre
- Private/International School
- Others (NGOs/College/University etc)
- Secondary School
- Primary School

SECTION B: School Chain Information

Name of Chain (if the school part of a franchise or group): _____

Franchise/Group HQ Address: _____

City: _____ Postcode: _____ Country: _____

Franchise/Group Tel. No.: _____ Fax No.: _____

Franchise/Group HQ Contact Person: _____ Email: _____

SECTION C: Book Club Coordinator & Catalog Information

Name of Coordinator: _____

Designation/Position (pls tick ONE):

- Principal/Asst. Principal
- Teacher - English
- Teacher - Others
- Administrator
- Librarian
- Others
- PIBG/PTA Rep.

Handphone No: _____ Email: _____

Catalogue Distribution: Star _____ Wizard _____ Ace _____

SECTION D: Point Account & Redemption

Point Forwarding: Y / N If Yes, please indicate School ID of forwarding account: _____

Authorized Person for Redemption: _____

Email: _____ Handphone No: _____

(only this person can exercise point transaction on behalf of school) Authorized Person NRIC: _____

SECTION E: School Representative Signatory & School Stamp

School Representative Signature: _____ Name: _____	School Stamp: _____
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FOR OFFICE USE ONLY:

Name of Coordinator: _____ Name of Assistant Coordinator: _____

Plan Code: _____ First Collection Amount: _____

School ID Assign: _____ Date: _____

Completed by: _____

Pls return a scan or photocopy of the form to all agents/coordinators after ID has been assigned