

License Application Form

Thank you for your interest in persuing a license with LST. To succeed as a Licensee, send us your application and start your journey with us!

Licensing Application Form			
Applicant`s Personal Details			
Full Name			
NRIC No.			
Date of Birth			
Marital Status			
Address			
Postcode			
State			
Tel. No.		Mobile No.	
Fax No.		Email Address	
Best Time To Call			
Occupation			
Academic / Professional / Business experience			
Academic		Year of Experience	
Professional		Year of Experience	
Business		Year of Experience	
Financial Disclosure			
Asset			

Liabilities	
Net Worth	
Desired Investment	
Types of Property Owned	
Desired Location	
Preferred location	YES / NO. If YES, please fill in priority and second choice.
Priority	
Second	
When do you intend to commence the Business Operations?	
Month / Year	
Additional Information	
Enquiries / Comments / Additional Information	
<p>Please note: Submission of interest is not confirmation of License Appointment and does not bind both the Licensor and Applicant in any manner.</p>	
Signature: _____ Date : _____	