

# Membership Application Form

Name : \_\_\_\_\_

NRIC : \_\_\_\_\_

Company Name : \_\_\_\_\_

Home/ Company Address : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

Website : \_\_\_\_\_

Nature of Business : \_\_\_\_\_

H/P No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

If you would like to register under company, kindly submit below documents for verification :-

- Trading / Enterprise / Partnership - Form A/ Form B, Form D, Photostate Director IC.
- Sdn. Bhd. - Form 9, 24 & 49, M&A, Photostate Director IC.

I hereby confirmed above information,

Verified by,

\_\_\_\_\_  
Name :

Designation :

Date :

\_\_\_\_\_  
Authorised Signatory

Name :

Date :

