

FMY: 03-92821789

**PERSATUAN PERINDUSTRIAN KAYU-KAYAN TERENGGANU**  
APPLICATION FORM FOR MEMBERSHIP

<b>Application for:</b>		<b>Licence:</b>	<b>Entrance fee</b>	<b>Annual subscription</b>	<b>Total</b>
<input type="checkbox"/>	Ordinary Membership	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	RM	RM	RM
<input type="checkbox"/>	Associate Membership		1,000.00	400.00	1,400.00
<input type="checkbox"/>	Visiting Membership		500.00	200.00	700.00
			500.00	200.00	700.00

**Details of Company:**

Name of Company: \_\_\_\_\_  
 Registration no.: \_\_\_\_\_  
 Type of business:  
 Sole proprietorship  
 Partnership  
 Sendirian berhad

Principal business: \_\_\_\_\_  
 Place of business: \_\_\_\_\_  
 Paid up capital: \_\_\_\_\_ RM;  
 Number of employees: \_\_\_\_\_

**Details of Representative:**

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 IC No: New: \_\_\_\_\_ Old: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 Telephone (office): \_\_\_\_\_ Telephone (residence): \_\_\_\_\_  
 Fax: \_\_\_\_\_ Handphone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Details of Alternate:**

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 IC No: New: \_\_\_\_\_ Old: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_  
 Telephone (office): \_\_\_\_\_ Telephone (residence): \_\_\_\_\_  
 Fax: \_\_\_\_\_ Handphone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

We hereby apply to be a member of Persatuan Perindustrian Kayu-Kayan Terengganu.  
 We agree to be bound by the Rules of the Association and the Association is permitted  
 to use our above particulars for transmission to any third party as the Association sees fit.  
 A cheque (No: \_\_\_\_\_) in the amount of RM \_\_\_\_\_ is enclosed.

Date:

Signature and Company chop

**Proposed by:**

Name of Member:

Name of Representative:

Date:

Signature and Company chop

**Seconded by:**

Name of Member:

Name of Representative:

Date:

Signature and Company chop

**For Office Use Only**

Date of approval:

President's Signature

Official receipt No:

RM:

Date: