

PANEL APPLICATION FORM

1.	Name of Organization	: _____
2.	Business Address	: _____
	Post Code	: _____ State : _____
3.	Business Tel. No.	: _____ Fax No. : _____
4.	Contact Person	: _____
	Designation	: _____ Tel. No. : _____
5.	E-mail Address	: _____
6.	Registered Name and address of organization	: _____
	Post Code	: _____ State : _____
	Tel. No.	: _____ Fax No. : _____
7.	Business Registration No.	: _____ Date of Incorporation : _____
	<i>(Please attach copy of Form 49, 24 and 9)</i>	
8.	Principle Activities	: _____
9.	No. of employees	: _____
10.	No. of years organization is in business in Malaysia	: _____
11.	Nature of business	: _____
12.	Type of Company	: <i>(Please (4) where applicable)</i>
	Public Limited <input type="checkbox"/>	Private Limited <input type="checkbox"/>
	Sole Proprietor <input type="checkbox"/>	Others <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Please Specify _____
13.	Director (s) / Partner (s)	
	NAME	NRIC
	I) _____	_____
	II) _____	_____
	III) _____	_____
	IV) _____	_____
	V) _____	_____
14.	Authorized capital	: _____
15.	Paid-up share capital	: _____

Note : All applications are subject to the management's approval and further documentation may be requested if necessary.

EXTERNAL REFERENCES

We / I will undertake to settle all bills directly with UKMKS B within the credit period of 30 days. Failing which UKMKS B reserves the right to waive all further credit facilities given to me / my company.

Applicant's Signature

Company's Authorized Stamp

Name

Date

OFFICE USE ONLY

For Marketing Department

Company ID : _____

Registered by : _____

Date : _____

For Accounting Department

Account No. : _____

Initial by : _____

Date : _____