



### C. Contact Details

Contact Person: (Mr/ Miss/ Mdm/ etc: _____ )		Office No: (Phone)
Correspondence Address:		(Fax)
		(Mobile)
(Postcode)	(State)	E-mail:

Mode of letter collection: By hand  By mail

### D. Signatures of All Directors:

i. I \_\_\_\_\_ , director of the intended company confirm that the particulars stated in this form are correct.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

ii. I \_\_\_\_\_ , director of the intended company confirm that the particulars stated in this form are correct.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

iii. I \_\_\_\_\_ , director of the intended company confirm that the particulars stated in this form are correct.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

*(If space is insufficient, a separate list may be annexed and signed)*

#### IMPORTANT!

Please enclose documents required as stated in the guidelines.

Please complete this form by giving all the particulars requested. If you encounter any problem in completing the form, please contact the Membership Department at: Tel: 03-22799200 Fax: 03-22799386/ 03-22741783 or Email: memberfirm@mia.org.my.

#### FOR OFFICE USE

Received by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_