



MEMBERSHIP FORM

Type of Membership (√ - check where appropriate)

| Malaysian | | Overseas Associate | | Honorary (Individual) |
|-----------|--------------|--------------------|----------------|-----------------------|
| Corporate | Associate | Corporate | Associate | |
| Date: | Received by: | Approved By: | Date Approved: | Valid For: |

For Corporate Member Application

| | | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------|
| Full Name (Corporate) | | |
| Company Address: | | |
| Landline Contact No: | Company Email: | Website: |
| Nature of Business: | Year Established: | No of Employees: |
| Company Registration No.: | Shareholdings: Malaysian: _____%, Others: _____% (please specify nationality) | |
| Are you or your Company A Member of Any Other Chamber or Association or Organization? If Yes, please specify: | | |
| Name of Representative: | Position of Representative in Company: | |
| Mobile No. of Representative: | Email of Representative: | |

For Individual Application

| | | |
|---------------------------------------|-----------------------|----------------------------|
| Full Name of Applicant (individual) | Mobile No.: | Identification No & Email: |
| Address: | | |
| Name of Nominee: | Nominee's Designation | Nominee's Tel: |

I hereby certify that all the above information provided are true and correct, and that I shall inform MOCC within 30 days from the date of change (if any). Should my application be approved, I hereby agree that I will fully conform to the strict rules as set forth in the Chamber's By Laws and those established by the Board of Directors (BOD) and that the BOD shall have the full rights to approve, reject, put on hold or ban my membership as deemed fit. By signing on this application, I hereby also waive all my rights to take any legal actions whatsoever against the Chamber, its BOD or any of its Members at any time and for any reason whatsoever.

(Name and Signature of Applicant or Authorized Signatory)