

APPLICATION FOR MEMBERSHIP

Type of membership		☐ Ordinary	☐ As	sociate					
Name of company									
Co.	Co. Registration No Date of Incorporation								
Office Address									
Tele	phone No	Fax	No						
- 14									
E-Mail Address									
Factory Address									
Tele	phone No	Fax	No						
Preferred address for all correspondence (Please tick accordingly)									
Offic	ce Address \Box	Factory Add	ress						
Type of business Constitution									
	Sole Proprietorship Partnership Private Limited Comp Public Limited Compa Government Linked (any							

Name and Designation	of Chief Executive								
Name (s) of Directors.	/Partners/Sole Proprietor								
1									
2									
3									
4									
Issued Capital	RM								
Paid-up Capital	RM								
No of Employees									
Sales Turnover (Please tick	where applicable) M50-100 million RM100-200 million >RM200 million								
Products Manufacture	d								
☐ Paints ☐ Raw Materials ☐ Manufacturing of Equipments/Machineries/Lab (paints related) ☐ Services									
(Please list top products only)									
Authorised company representative for MPMA:									
1. Name	Designation								
2. Name	Designation								

Declaration

I hereby apply to become a member of the Malaysian Paint Manufacturers' Association and certify that the above information is true to the best of my knowledge. If accepted, we agree to be bound by the Memorandum of Article of Associations. Also enclosed are certified copies of the following documents of the company: Business Registration Certificate/Certificate of Incorporation, latest Form 24, latest Form 49, latest Annual Return and Manufacturing Licence.

Name		Signature						
Designation		Date						
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For MPMA Office	e Use:							
Date Received	:	Cheque N	p. & Amo	ount :				
Approved On	:	Official Re	ceipt No	:				
Type of Membership:								
Membership No	:	Entrance I	Fee	:				
Subscription	:							
Droposed by								
Proposed by								
Name		Signature						
Company			Date					
Seconded by								
Name		Signature						
Company			Date					