



MALAYSIA NEW ZEALAND CHAMBER OF COMMERCE

POSTAL ADDRESS : Level 21, Menara IMC, 8 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia

OFFICE ADDRESS : 18E Level 2, 18 Jalan P.Ramlee, 50250 Kuala Lumpur, Malaysia

Tel: +60 3 2144 2422

Fax: +60 3 2144 1422

Email: info@mnzcc.org.my

Website: www.mnzcc.org.my

MNZCC CORPORATE MEMBERSHIP REGISTRATION

Annual Membership Fee

- ▶ RM450.00 per annum, for up to 4 Representatives
- ▶ RM100.00 per annum, for each additional Representative
- ▶ Annual Membership Fee is due 1st of January of each year
- ▶ Please write Cheque payable to **MALAYSIA NEW ZEALAND CHAMBER OF COMMERCE**

Please tick

New Member

Renewal of Membership

BUSINESS INFORMATION														
COMPANY NAME														
COMPANY ADDRESS				CONTACT DETAILS										
CITY			TEL											
STATE			FAX											
POSTCODE			EMAIL											
COUNTRY			WEBSITE											
TYPE OF BUSINESS														
IS THIS COMPANY A NEW ZEALAND BASED COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>														
BUSINESS INTEREST WITH NEW ZEALAND:														
.....														
.....														
REPRESENTATIVES														
REPRESENTATIVE NO. 1	TITLE			NAME										
	SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DESIGNATION										
	MOBILE			EMAIL										
REPRESENTATIVE NO. 2	TITLE			NAME										
	SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DESIGNATION										
	MOBILE			EMAIL										
REPRESENTATIVE NO. 3	TITLE			NAME										
	SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DESIGNATION										
	MOBILE			EMAIL										
REPRESENTATIVE NO. 4	TITLE			NAME										
	SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>	DESIGNATION										
	MOBILE			EMAIL										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">APPLICANT NAME:</td> <td style="width: 33%;">SIGNATURE:</td> <td style="width: 33%;">DATE:</td> </tr> <tr> <td>PROPOSER NAME:</td> <td>SIGNATURE:</td> <td>DATE:</td> </tr> <tr> <td>SECONDER NAME:</td> <td>SIGNATURE:</td> <td>DATE:</td> </tr> </table>						APPLICANT NAME:	SIGNATURE:	DATE:	PROPOSER NAME:	SIGNATURE:	DATE:	SECONDER NAME:	SIGNATURE:	DATE:
APPLICANT NAME:	SIGNATURE:	DATE:												
PROPOSER NAME:	SIGNATURE:	DATE:												
SECONDER NAME:	SIGNATURE:	DATE:												
OFFICE USE ONLY														
Date Rec:		Amount Rec:		Cash/Cheque No:										
Invoice No:		Receipt No:		Processed By:										

COMPANY NAME								
REPRESENTATIVES PERSONAL PARTICULARS								
REPRESENTATIVE NO. 1	TITLE		NAME					
	NRIC NO./PASSPORT NO.					SPOUSE'S NAME		
	NATIONALITY					SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	HOME ADDRESS					PERSONAL CONTACT DETAILS		
	CITY					MOBILE		
	STATE					EMAIL		
	POSTCODE					TEL		
COUNTRY					FAX			
REPRESENTATIVE NO. 2	TITLE		NAME					
	NRIC NO./PASSPORT NO.					SPOUSE'S NAME		
	NATIONALITY					SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	HOME ADDRESS					PERSONAL CONTACT DETAILS		
	CITY					MOBILE		
	STATE					EMAIL		
	POSTCODE					TEL		
COUNTRY					FAX			
REPRESENTATIVE NO. 3	TITLE		NAME					
	NRIC NO./PASSPORT NO.					SPOUSE'S NAME		
	NATIONALITY					SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	HOME ADDRESS					PERSONAL CONTACT DETAILS		
	CITY					MOBILE		
	STATE					EMAIL		
	POSTCODE					TEL		
COUNTRY					FAX			
REPRESENTATIVE NO. 4	TITLE		NAME					
	NRIC NO./PASSPORT NO.					SPOUSE'S NAME		
	NATIONALITY					SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	HOME ADDRESS					PERSONAL CONTACT DETAILS		
	CITY					MOBILE		
	STATE					EMAIL		
	POSTCODE					TEL		
COUNTRY					FAX			