



MALAYSIA MACAU
CHAMBER OF COMMERCE
马来西亚澳门总商会

(PPM-024-10-05062017)

Level 20, Menara Safuan, No.80, Jalan Ampang, 50450 Kuala Lumpur. Malaysia.

Tel: 603-2026 2137 | Fax: 603-2026 2145 | Website: www.mmcc.my | E-mail: sec.mmcc@gmail.com

MEMBERSHIP APPLICATION FORM 入会申请表 **Membership No. 会员号码:**

THE PRESIDENT OF MALAYSIA MACAU CHAMBER OF COMMERCE:

I / Our Firm / Co. / Association wish to apply as an Ordinary / Life / Associate member of the Malaysia Macau Chamber of Commerce.

I / We agree to abide by the rules and regulations of the Chamber. I / We submit particulars as follows:

马来西亚澳门总商会会长: 本人/本商会/本公司/本公司同意贵会宗旨, 愿遵守贵会章程及一切议决案, 今填具下列表格申请加入为: -

MEMBERSHIP CATEGORY 会员类别

Please tick at the relevant boxes of items (✓)

☐ ORDINARY MEMBER
普通会员

☐ LIFE MEMBER
永久会员

☐ ASSOCIATE MEMBER
附属会员

请在相关各自内 (✓)

APPLICANT'S PARTICULARS 申请者资料: -

Full Name 姓名 (English 英文)
(As per NRIC)
(Chinese 中文)

New I/C No. : 新身份证号码
Gender : Male / Female
性别 男 / 女

Email Add. : 电邮地址
H/P Number : 手机号码

Name of Company (English 英文)
/Firm
公司/团体名字 (Chinese 中文)

Company/ Association Registration Number : 公司/团体注册号码
Company/ Association Registration Date: 公司/团体注册日期

Position 职业:

Nature of Business 经营业务
☐ Manufacturing 制造业 ☐ Trading 贸易 ☐ Agriculture 农业
☐ Construction 建筑业 ☐ Servicing 服务业 ☐ Travel 旅游业
☐ Others, Please specify 其他,请简述:

Annual Turnover: 营业额
Paid up capitals: 缴足资本
No. of Employees: 员工人数
Brand Name: 品牌名称

Address 通讯地址 :

Post Code: 邮区号
Town: 城市
State: 州属

Office Tel No.: 办公室联络号码
Fax No.: 传真号码

Our Firm/ Co. enclose/s here with membership application form together with cheque of RM (Cheque No.) being payment of entrance fee and annual subscription/life membership subscription.

***NOTE:** All Cheques should be crossed and made payable to: -

Name: "MALAYSIA MACAU CHAMBER OF COMMERCE". Hong Leong Bank Account Number: 223-000-31203

ACKNOWLEDGEMENT AND CONSENT



I/We hereby acknowledge and agree that my personal data/ our company's/association's data is given to MMCC for the purpose stated in the Privacy Policy and the other purpose is in line with the objectives of MMCC and my/our membership and to help MM CC in any future dealings with me/us. For these purpose, by way of a contract with MM CC, I/We hereby authorize MM CC to retain and use my personal data/ our data and to further transmit it to its office, authorized agent, government agencies or all other persons or bodies who provide them with necessary for and/or incidental to the purposes set out in the Privacy Policy and in furtherance of the objectives of MMCC.

PROPOSER NAME 介绍人姓名 : MEMBERSHIP NO. 会员号码 : SIGNATURE & DATE 签名与日期 :	SIGNATURE OF APPLICANT & CHOP OF CO. / ASSN : 申请人签名及盖章 : DATE 日期 :
SECONDER NAME 赞成人姓名 : MEMBERSHIP NO. 会员号码 : SIGNATURE & DATE 签名与日期 :	(FOR CHAMBER USE ONLY 只供本会用) APPROVED BY 批准人 : DATE OF APPROVAL 批准日期 :

Remarks 备注:

- Please attached Form9/24 (or Annual Return) and 49 for Sdn.Bhd., Form D, Seksyen 14 / Superform and SSM for Limited Liability Partnership, Sole Proprietor, Enterprises and Partnership.
- Representative of firm/co./Associate Member must attach scan copy & photocopy of identity card, passport/ID & business card.
- 有限公司请附上表格 9/24 和 49 及年度报告 (影印本); 有限合伙企业, 独资企业或合资企业, 请附上 Form D 或 SSM 表格以及名片 (影印本)。
- 商号/公司/商团/附属会员代表必须附上身份证, 护照扫描及复印件影印本。