

MEMBERSHIP APPLICATION FORM



We _____ (company name) hereby apply for the following type of membership
(please tick one):

Founder Member
 Full Member
 Ordinary Member

Company Details (Based in Malaysia)

Address
Telephone **Fax**
Website
Principal Business Activities **Products & Services**
No. of Employees **Date of Incorporation** **Registration No.**

Primary Company Representative (i.e. Chief Executive Officer, Managing Director, President etc.)

Name **Designation**
E-Mail **Contact**

Parent Company Subsidiaries (if applicable)

Name
Address

Company Representative to CREST

	Representative	Alternate
Name	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	<input type="text"/>

*Any changes to the company representative or the alternate must be communicated to CREST in writing.

With the express permission of the company named above, I am hereby authorized to submit this application on behalf of the company and I certify that the information provided is true to the best of my knowledge.

Authorised Signatory **Company Stamp**
Name **Date**

FOR OFFICE USE

Receipt Date	<input type="text"/>	Cheque No.	<input type="text"/>
Approval by Board of Directors	<input type="text"/>	Name of Officer	<input type="text"/>