

Date:

Persatuan Syarikat-Syarikat Sewa Beli Malaysia Association of Hire Purchase Companies Malaysia

No 18, Lorong Medan Tuanku Satu, 50300 Kuala Lumpur Tel: 03-26987684 Email: ahpcm@ahpcm.com.my

AFFILIATE MEMBERSHIP APPLICATION FORM

We hereby apply for membership of the ASSOCIATION OF HIRE PURCHASE COMPANIES MALAYSIA and hereby undertake to abide by the Constitution and the by-laws of the Association.

Registered Name :	
Address:	
Business Address :	
Tel No : Bankers :	
Email:	
Nature of Business :	
Date of Incorporation: Place of Incorporation:	
Local No.(No. Tempatan):	
Authorised Capital:P	
Name of Directors and Principal Executive Officers:	
Mr	(Designation)
NOTE: We enclose Certified Copies of Company's Certificate of Inco	
<u>Declaration & Confirmation</u>	
We hereby declare and confirm that all the information given aborapplication for membership of the Association are true and correct.	ve and the documents enclosed herewith in connection with our
We hereby acknowledge that the decision and acceptance by the Astreliance of our above information and the said documents in support above information and those contained in the said documents shall summer of the Association.	rt and we agree covenant undertake and confirm that each of the
In the event that any or all such information shall be false or shall subsequently be found to be or become incorrect or untrue, we acknowlegde that the association shall be entitled to take whatever action necessary as its sole and absolute discretion against us including but not limited to immediate expulsion or re-classification of the class of membership applicable to us AND we hereby confirm and accept all such decision made by the Association.	
Name	
Designation	(Signature and Name of Authorised

Signatory with Company's Chop)

ASSOCIATION OF HIRE PURCHASE COMPANIES MALAYSIA

Questionnaire to be completed by the **Proposer**

(1) Q. A.	How long have the applicant company/directors know you?
(2) Q. A.	Are they engaged in a business relevant to the objects of the Association?
	Questionnaire to be completed by the <u>Seconder</u>
(1) Q. A.	How long have the applicant company/directors known you?
(2) Q. A.	Are they engaged in a business relevant to the objects of the Association?
We, the F	Proposer and Seconder, recommend the acceptance of this application.
D	
Proposer:	(Signature and Name of Authorised Signatory with Company's Chop)
Proposer:	
	(Signature and Name of Authorised Signatory with Company's Chop)
	(Proposer and Seconder must be Ordinary members of the Association)
FOR OFFICE USE ONLY	
Date Recei	ived:
	ication Approved by Committee :
Date Entra	ance Fee Received :
Noted By	:
Date :	