ASSOCIATION OF HIRE PURCHASE COMPANIES MALAYSIA

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

AHPCM REF NO:

APPLICATION FORM FOR EMPLACEMENT ONTO THE PANEL OF CUSTOMER SERVICES CO-ORDINATORS

(PHOTOGRAPH)

Full Name :	Marital Status :
Home Address:	
	Own/Rented : Tel. No :
Office Address :	
	Tel. No :

Place of Birth :	Date of Birth :
Citizenship :	NRIC No. Colour :

SOCSO Membership No :	EPF Membership No :

Working Experience (Show Current Position First)

	Name of company	From	To	Position
1.				
2.				
3.				
4.				

References

	Name	Address	Tel. No
1.			
2.			
3.			

DECLARATION

I understand that :

a) a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for emplacement onto the panel of customer services co-ordinators.
b) if appointed, I am not acting as an agent of the Association nor am I deemed to be an employee of the association and i agree to fully indemnify the Association in the event of any misrepresentation to the public and/or damages suffered by the public arising from my appointment.
c) the Association reserves the right to appoint me onto the panel and subsequent renewals wil be at the discretion of the Association.
d) the Association may exercise its absolute discretion to delist me from the panel at any time.

i undertake to pay any fees levied from time to time by the Association.

i undertake to return the customer services co-ordinator identification card (if any) upon request by the Association.

Date: _____ Signature: _____

RECOMMENDATION BY MEMBER OF AHPCM

Name Of Company

Authorised Officer Name:
Signature: