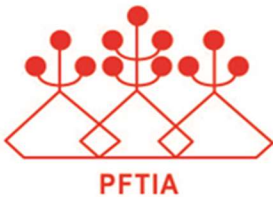


MEMBERSHIP APPLICATION FORM



檳州家具同業商會

Penang Furniture And Timber Industry Association

Persatuan Perindustrian Perabot Dan Kayu Kayan Pulau Pinang

11, 1st Floor, Lorong Kelasah 1, Taman Kelasah, 13700 Seberang Jaya, Butterworth, Penang.

Tel: +604-398 6666 Fax: +604-399 1106 Email: pftia.pg@gmail.com Website: www.pftia.org.my

PFTIA MEMBERSHIP APPLICATION

CHECK LIST

Kindly observe the following procedures and make sure all supporting documents are submitted together with your application:

1. Documents for submission (Certified true copy by Company Secretary)

a) SSM (Section 14/Section 78/Section 17) ()

c) One copy of Name card for the Company Authorized Representative. ()

d) One copy of Passport Size Photo of Company Authorized Representative ()

e) One copy of Identity Card of Company Authorized Representative ()

2. Cross cheque for Entrance Fee and Annual Subscription payable to “Penang Furniture & Timber Industry Association” ()

Note: Kindly ensure no discrepancy when completing this form.

We, the undersigned hereby apply for admission as a member company and agree to be bound by the Rules and Constitution of the Penang Furniture & Timber Industry Association. Should we contravene any of the above then our membership may be revoked.

1. Company Name (Eng) : _____
(Chinese) : _____
Business Registration No : _____ Date of Incorporation: _____

2. Office Address : _____

(Tel) : _____ State : _____
(Fax) : _____

3. Factory Address : _____

(Tel) : _____ State : _____
(Fax) : _____

4. Email Address : _____ Website URL : _____

5. Factory Land Area : _____ sq.ft Factory Built-up Area: _____ sq.ft
Total No. of Employees: _____

6. Company's authorized representative to the Association

Name of Authorized Representative (Eng): _____
(Chinese): _____
Company Designation : _____
Mobile No : _____ I/C No: _____
E-Mail : _____ We chat ID: _____

7. Nature of Constitution	Name of Directors/Partners
<input type="checkbox"/> Sole Proprietorship	a) _____
<input type="checkbox"/> Partnership	b) _____
<input type="checkbox"/> Sendirian Berhad	c) _____
<input type="checkbox"/> Berhad	d) _____

8. Authorized Capital : RM _____ Paid-up Capital: RM _____
Turnover for last year: RM _____

9. Nature of Business* :

Manufacturer Export Local
 Trader Export Local
 Importer
 Wholesaler/Distributor
 Others (please specify) _____

Base Materials*:

<input type="checkbox"/>	Hardwood
<input type="checkbox"/>	Rubberwood
<input type="checkbox"/>	Plastic
<input type="checkbox"/>	Leather
<input type="checkbox"/>	Metal
<input type="checkbox"/>	Rattan
<input type="checkbox"/>	MDF
<input type="checkbox"/>	Other (Please specify) :

Export Countries: ((please specify))

Products*:

<input type="checkbox"/>	Furniture
<input type="checkbox"/>	Furniture Parts & Components
<input type="checkbox"/>	Door
<input type="checkbox"/>	Flooring
<input type="checkbox"/>	Moulding/Joinery
<input type="checkbox"/>	Timber
<input type="checkbox"/>	Hardware / Glass & Fitting
<input type="checkbox"/>	Foam / Cloth
<input type="checkbox"/>	Machinery
<input type="checkbox"/>	Coating
<input type="checkbox"/>	Other (Please specify) :

Type of Furniture*:

<input type="checkbox"/>	Dining Set
<input type="checkbox"/>	Bedroom Set
<input type="checkbox"/>	Sofa Settee
<input type="checkbox"/>	Office Furniture
<input type="checkbox"/>	Upholstered Furniture (Office Chair)
<input type="checkbox"/>	Garden Furniture
<input type="checkbox"/>	Kitchen Cabinet & Wardrobe
<input type="checkbox"/>	Other (Please specify) :

10. Type of membership applied for :

Ordinary Membership*
 Associate Membership*

Membership Fees : RM 2,000.00

Membership Fees : RM 1,000.00
 Annual Subscription : RM 300.00

I certified that the above information is true to the best of my knowledge. Enclosed is our certified copy of the Company Act, SSM (Section 14/Section 78/Section 17), Business Name Card, Identity Card and Passport Size Photo. Enclosed is cheque/bank draft No. _____ with amount RM _____ being membership fee.

Name : _____ Date: _____

Designation : _____ Authorized Signature : _____

Company Stamp: _____

*Please tick whichever applicable

FOR PFTIA USE ONLY

Batch : _____

Approval Date : _____

Membership : Ordinary Member Associate Member

Membership No : _____

Receipt No : _____

President : _____ Signature: _____

Secretary General : _____ Signature: _____

Treasurer : _____ Signature: _____

Name of Proposer: _____ Signature: _____

Name of Company: _____
(Must be member)

Name of Seconder: _____ Signature: _____

Name of Company: _____
(Must be member)

