



MALAYSIAN ASSOCIATION of PHARMACEUTICAL SUPPLIERS

MALAYSIAN ASSOCIATION OF PHARMACEUTICAL SUPPLIERS (5016-11-SEL)

c/o Bangunan Medispec, B -1-07, Block B, Jalan SS 25/22, Mayang Avenue, Taman Mayang, 47301, Petaling Jaya, Selangor. Email: maps@hotmail.my Tel: +603 7804 9054

APPLICATION FOR MEMBERSHIP

1 Name of Company
.....

2 Registration No
.....

3 Name of CEO
..... Title

4 Representative (Name of Person representing its' interests)
..... Title

5 Address
.....
.....

.....
Email Tel No. Fax No.
.....

6 NRIC No. (Malaysian) (a) CEO: (b) Representative:
.....

Citizenship & Passport No. (Non-Citizen)
.....

7 Category of Membership Applied For (Please tick appropriate box)

Ordinary Associate

8 Contact Preference

Email SMS Call

Signature Date
.....

Name
.....

Please make payment to "Malaysian Association of Pharmaceutical Suppliers" (Bank Account: CIMB TTDI KL, 1421-0015736-05-7)

Turnover of > RM10 mil - RM6,000 (RM1,000 entrance + RM5,000 annual fee).

Turnover of <RM10 mil - RM4,000 (RM1,000 entrance + RM3,000 annual fee).

Proposed by Seconded by

Signature
.....

Signature
.....

Name of Board Member
.....

Name of Board Member
.....

OFFICE USE ONLY

Verified by Board of Directors

Date
.....

.....
President

Approved

Date
.....

.....
Secretary