

PROVIDER APPLICATION FORM

PART A – PROVIDER INFORMATION

Registered Name: _____

Business Reg No.: _____

Company Address: _____

State: _____

Postcode: _____

Business Entity:

☐ Sole Proprietor

☐ Partnership

☐ Private Limited (Sdn Bhd)

☐ Public Limited (Bhd)

☐ Limited Liability Partnership

Business Nature: _____

PART B – CONTACT PERSON'S INFORMATION

Name : _____

Email Address : _____

Contact No : _____

BILLING INFORMATION

Company Name: _____

Company Address: _____

Billing Administrator: _____

Full Name

Email: _____

Address

Contact No.: _____

Acknowledged by:

Name :

NRIC :

Designation :

Date :

(Authorised signature and Company Stamp)