



PANEL INFORMATION

Section I: Organisation Particulars		
Category : <i>(refer to advertisement)</i>		Category no. applied ()
Name of Company :		
Business Address :		
Business Registration No		Date of Incorporation:
Business Contact	Tel:	Fax:
	E-mail:	Website:
Contact Person	1. _____	Designation: _____
	2. _____	Designation: _____
No of year in operation		Bumiputera Status : Y / N
Principal Activities / Services Provided:		
Type of Company <i>(Please tick where applicable):</i>		
Sole Proprietor	<input type="checkbox"/>	Public Listed <input type="checkbox"/>
Partnership	<input type="checkbox"/>	Others <i>(Please specify):</i>
Private Limited	<input type="checkbox"/>	_____
Principal shareholder:		
Name:		% equity
Director(s) / Partner(s):		
Name:		Name:
i. _____		iii. _____
ii. _____		iv. _____

Paid-up capital	
Annual Income/Turnover	

Section II: External References	
Existing Customer / Corporate client:	
(i)	
(ii)	
(iii)	
Register	
(i)	MOF Y / N
(ii)	CIDB Y / N
(iii)	Others if necessary :

Section III: Propose Business Arrangement / Term With MCMC	
Credit term (month)	
Credit limit (RM)	
Preferred mode of payment	cash / cheque

Section IV: Declaration	
We / I hereby declare that the information given is correct.	
..... (Signature) (Company's Authorised Stamp)
..... (Name) (Date)

Note:

- 1) Please submit separate form for each category
- 2) Please attach additional information separately if necessary.