



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, 80-0072094-1)

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