

HIDA REFERENCE

Card Name:
Card Number:

Date of Issue:



· APPLICANT INFOR	RMATION					
Applicant Name						
Address						
IC No.		Contact No.				
Designation			Email			
· COMPANY INFORM	MATION		•			
Company Name				ROC	No.	
Address						
7 taar 000						
Office Tel.			Email			
Website		GST No.				
Nature of Business		COT NO.				
· AUTHORIZE PERS	ONNEL					
No. N	Name		IC No.		esignation	Contact No.
1.						
2.						
3.						
BANK INFORMATION	ON					
Bank Name						
Bank Address						
Account No.						
· DECLARATION FR	OM APPLICANT					
I/We hereby confirm true and accurate.	ed that all the informati	ion provided	in this form	togeth	er with the att	ached documents are
						email address and I am he event of any changes
Name Date		Desig	nation		(Company Stamp
 APPROVAL (To be fill Approved By: 	lled up by Hauslife Furnit	ure Sdn. Bhd	.)			
	TE	RMS AND (CONDITION	S		
	S	Application for membership should be made by completing the HIDA form and submitting it with certified copies of the following documents: a) For Sole Proprietor / Partnership: Forms D & A or D & B, business card.				
Name	b) For Incorpora	ited Companies	: F	orms 24 & 49 or 4	49, 9 & 13, business card.
Designation	c) For Non-Mala	ysian Compani	es : F	orms 79, 80, 83 8	& 83A, business card.

2. Once the HIDA Form and documents are in order, the Retail Associate will submit

* Hauslife Furniture Sdn. Bhd. reserves the right to reject the request if insufficient information is

for approval and once it is approved, the applicants will be noticed.

provided.