

## COMPLIMENTARY (ASSOCIATE MEMBERSHIP)

Company Information:

Company Name:		ROC/ROB Reg. No :	
Address(Office):			
Tel:		Fax:	
Email:		Total No. of Employees:	

Representative Information:

Name of Representative:			
IC No:		Mobile No:	
Email:		Job Title:	

Company Business:

Nature of Business:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trading Company	<input type="checkbox"/> Service Provider
Products/Services:			
Existing Export Market:			
Targeted Export Market:			

*Company stamp*

Information Provided by, \_\_\_\_\_

Name: \_\_\_\_\_

Date : \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please scan and email completed form to [aneithazef@gmail.com](mailto:aneithazef@gmail.com) or fax to 03 8066 6152