

Form A
REGISTRATION OF BUSINESS RULES 1957
[RULE 3] - PORTAL
BUSINESS REGISTRATION

Reference No:

EB-A2021100601719

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2021100601719

I/We the person(s) responsible submit for registration of the following particulars regarding the under-mentioned business.

INFORMATION OF BUSINESS (* Mandatory field)

1. * BUSINESS NAME

BULL TECH SOLUTION

2. A) * DATE OF COMMENCEMENT OF BUSINESS
(dd/mm/yyyy)

06/10/2021

B) * REGISTRATION
PERIOD

5

YEARS

3. * PARTNERSHIP AGREEMENT
(If yes, upload the copy of agreement)

N

DATE
(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

12A,JALAN TEMPUA 2A,BANDAR PUCHONG JAYA

TOWN PUCHONG

POSTCODE 47170

STATE B

5. * TELEPHONE

0143298149

FAX 0169582283

6. E-MAIL

bulltech1313@gmail.com

7. CORRESPONDENCE ADDRESS
(if different from above)

12A,JALAN TEMPUA 2A,BANDAR PUCHONG JAYA

TOWN PUCHONG

POSTCODE 47170

STATE B

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INFORMATION OF BRANCHES (* Mandatory field)

* NO OF BRANCHES 0

NO	BRANCH ADDRESS	TOWN	POSTCODE	STATE
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INFORMATION TYPE OF BUSINESS (* Please fill in at least 1)

BUSINESS DESCRIPTION

COMPUTER RETAIL ,COMPUTER REPAIR,COMPUTER SERVICES
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NO	BUSINESS TYPE (CODE)	DESCRIPTION
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SUBMISSION DATE
(dd/mm/yyyy)

06/10/2021

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INFORMATION OF OWNERS (* Mandatory field)

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VERIFICATION BY OWNER/PARTNER(S) (* Mandatory field)

I/We confirm the accuracy of all the statements made in the form and declare that I/We am/are the owner/partner(s) of the business the name of which is

BULL TECH SOLUTION

* NAME	LAM WENG SOON	
* PERSONAL IDENTIFICATION NO.	930529105445	* COLOUR BLUE
* ADDRESS	A-3-16,PANGSAPURI SRI TERATAI LEBUHRAYA BUKIT JALIL	
TOWN	PUCHONG JAYA	
POSTCODE	47170	
STATE	10	
* E-MAIL	bernardlam1313@gmail.com	
* TELEPHONE	0143298149	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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