

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

Reference No:

EB-A2021100401720

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2021100401720

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

NETALAB SOLUTION

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

01/10/2021

B) * REGISTRATION
PERIOD

1

YEARS

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

N

DATE

(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

NO 27-3 , JALAN ANGGUN CITY 1 PUSAT KOMERSIAL
ANGGUN CITY TAMAN ANGGUN

TOWN

RAWANG

POSTCODE

48000

STATE

B

5. * TELEPHONE

0176128876

FAX

6. E-MAIL

netalabbusiness@gmail.com

7. CORRESPONDENCE ADDRESS
(if different from above)

NO 15, JALAN MAJESTIC 2, RAWANG MAJESTIC

TOWN

RAWANG

POSTCODE

48000

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

GRAPHIC DESIGNER, DIGITAL MARKETER, WEBSITE DEVELOPMENT, PHOTOGRAPHY AND SOCIAL MEDIA MANAGEMENT.

NO	BUSINESS TYPE (CODE)	DESCRIPTION
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SUBMISSION DATE
(dd/mm/yyyy)

04/10/2021

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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

NETALAB SOLUTION

* NAME	DERRICK WONG SI WEI	
* PERSONAL IDENTIFICATION NO.	020714100213	* COLOUR BLUE
* ADDRESS	NO15, JALAN MAJESTIC 2, MAJESTIC RAWANG, 48000 RAWANG SELANGOR	
TOWN	RAWANG	
POSTCODE	48000	
STATE	10	
* E-MAIL	derrickwongsiwei@gmail.com	
* TELEPHONE	0176128876	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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