

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

Reference No:

EB-A2021102601937

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2021102601937

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

AUTO WRAP STUDIO

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

25/10/2021

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.21-G, JALAN OP 1/6, PUSAT PERDAGANGAN ONE
PUCHONG

TOWN PUCHONG

POSTCODE 47160

STATE B

5. * TELEPHONE

0172768870

FAX

6. E-MAIL

ahchoong1995@gmail.com

7. CORRESPONDENCE ADDRESS
(if different from above)

NO.21-G, JALAN OP 1/6, PUSAT PERDAGANGAN ONE
PUCHONG

TOWN PUCHONG

POSTCODE 47160

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

CAR WRAPPING, TINTED, CARBON FIBER, CAR ACCESSORIES, CAR BODYKIT

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

26/10/2021

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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

AUTO WRAP STUDIO

* NAME SIEW MUN CHOONG

* PERSONAL IDENTIFICATION NO. 951202105999 * COLOUR BLUE

* ADDRESS NO.21 JALAN BUDIMAN 4/3
TAMAN PUTRA BUDIMAN

TOWN SERI KEMBANGAN

POSTCODE 43300

STATE 10

* E-MAIL ahchoong1995@gmail.com

* TELEPHONE 0172768870

FAX

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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