

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

Reference No:

EB-A2019040200306

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2019040200306

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

WILL & PEI LING ENTERPRISE

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

02/04/2019

B) * REGISTRATION
PERIOD

3

YEARS

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

NO

DATE

(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

B-23A-8 BAYU SENTUL CONDOMINIUM
NO 7 JLN DATO SENU 3
TMN DATO SENU

TOWN

KUALA LUMPUR

POSTCODE

51000

STATE

W.P KUALA LUMPUR

5. * TELEPHONE

0163384262

FAX

6. E-MAIL

7. CORRESPONDENCE ADDRESS
(if different from above)

B-23A-8 BAYU SENTUL CONDOMINIUM
NO 7 JLN DATO SENU 3
TMN DATO SENU

TOWN

KUALA LUMPUR

POSTCODE

51000

STATE

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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

INSURANCE CONSULTANT

NO	BUSINESS TYPE (CODE)	DESCRIPTION
1	65111	INSURANS HAYAT (LIFE INSURANCE)

SUBMISSION DATE
(dd/mm/yyyy)

02/04/2019

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INFORMATION OF OWNERS (* Mandatory field)

1.*NAME OF OWNER	KOH WEE YAO		
2. *DATE OF BIRTH (dd/mm/yyyy)	02/09/1991		
3. *NATIONALITY	MALAYSIAN		
	IF PERMANENT RESIDENT, STATE COUNTRY OF ORIGIN		
4. *PERSONAL IDENTIFICATION NO	OLD		5.*COLOUR BLUE
	MYKAD	910902145325	
	MYPR		
	PASSPORT		
	POLICE		
	ARMY		
6.*SEX	Male		
7.*RACE	CINA		
8.*RESIDENTIAL ADDRESS	B-23A-8 BAYU SENTUL CONDOMINIUM, NO 7 JLN DATO SENU 3, TMN DATO SENU		
9.*TOWN	KUALA LUMPUR		
10.*POSTCODE	51000		
11.*STATE	W.P KUALA LUMPUR		
12.TELEPHONE	0163384262	FAX	
13.E-MAIL	kohwy1000@gmail.com		
14.*OWNERSHIP	PARTNERSHIP		
SUBMISSION DATE (dd/mm/yyyy)	02/04/2019		

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1.*NAME OF OWNER	NG PEI LING	
2. *DATE OF BIRTH (dd/mm/yyyy)	02/04/1990	
3. *NATIONALITY	MALAYSIAN	
	IF PERMANENT RESIDENT, STATE COUNTRY OF ORIGIN	
4. *PERSONAL IDENTIFICATION NO	OLD	5.*COLOUR
		BLUE
	MYKAD	900402015912
	MYPR	
	PASSPORT	
	POLICE	
	ARMY	
6.*SEX	Female	
7.*RACE	CINA	
8.*RESIDENTIAL ADDRESS	B-23A-8 PANGSAPURI BAYU SENTUL NO 7 JALAN DATO SENU 3 TAMAN DATO SENU	
	9.*TOWN	KUALA LUMPUR
	10.*POSTCODE	51000
	11.*STATE	W.P KUALA LUMPUR
12.TELEPHONE	0183525432	FAX
13.E-MAIL	peiling0402@gmail.com	
14.*OWNERSHIP	PARTNERSHIP	
SUBMISSION DATE (dd/mm/yyyy)	02/04/2019	

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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

WILL & PEI LING ENTERPRISE

* NAME	KOH WEE YAO	
* PERSONAL IDENTIFICATION NO.	910902145325	* COLOUR BLUE
* ADDRESS	B-23A-8 BAYU SENTUL CONDOMINIUM, NO 7 JLN DATO SENU 3, TMN DATO SENU	
TOWN	KUALA LUMPUR	
POSTCODE	51000	
STATE	WILAYAH PERSEKUTUAN KUALA LUMPUR	
* E-MAIL	kohwy1000@gmail.com	
* TELEPHONE	0163384262	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
1	KOH WEE YAO	910902145325	BLUE	kohwy1000@gmail.com
2	NG PEI LING	900402015912	BLUE	peiling0402@gmail.com