

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

Reference No:

EB-A2021062000428

(\* Mandatory Field)

NAME APPROVAL NO.

EB-A2021062000428

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

NURIS LEGACY

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

20/06/2021

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

42, JALAN PUTERA INDAH 2/4F  
TAMAN PUTERA INDAH, TONGKANG PECHAH

TOWN BATU PAHAT

POSTCODE 83010

STATE J

5. \* TELEPHONE

01110036796

FAX

6. E-MAIL

7. CORRESPONDENCE ADDRESS  
(if different from above)

42, JALAN PUTERA INDAH 2/4F  
TAMAN PUTERA INDAH, TONGKANG PECHAH

TOWN BATU PAHAT

POSTCODE 83010

STATE J

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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

FOOD AND BEVERAGE SERVICES, CATERING, FROZEN FOOD

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

20/06/2021

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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

NURIS LEGACY

\* NAME ISMAIL BIN MD YUSOF

\* PERSONAL IDENTIFICATION NO. 870407015677 \* COLOUR BLUE

\* ADDRESS 42, JALAN PUTERA INDAH 2/4F,  
TAMAN PUTERA INDAH, TONGKANG PECHAH

TOWN BATU PAHAT

POSTCODE 83010

STATE 01

\* E-MAIL ismailyusof5677@gmail.com

\* TELEPHONE 01110036796

FAX

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

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NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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