

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

Reference No:

EB-A2021102001963

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2021102001963

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

VC LUX BEAUTY STUDIO

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

20/10/2021

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

V03-08-13A, DESIGNER OFFICE
LINGKARAN SV

TOWN KUALA LUMPUR

POSTCODE 55100

STATE W

5. * TELEPHONE

0123255543

FAX

6. E-MAIL

7. CORRESPONDENCE ADDRESS
(if different from above)

V03-08-13A, DESIGNER OFFICE
LINGKARAN SV

TOWN KUALA LUMPUR

POSTCODE 55100

STATE W

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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

BEAUTY COSMETIC TREATMENT, PEDICURE, MANICURE, BODY WAXING

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

20/10/2021

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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

VC LUX BEAUTY STUDIO

* NAME	TEH TENG SIANG	
* PERSONAL IDENTIFICATION NO.	880305045225	* COLOUR BLUE
* ADDRESS	2-13-1, DESA GREEN SERVICE APARTMENT JALAN DESA BAKTI	
TOWN	TAMAN DESA	
POSTCODE	58000	
STATE	14	
* E-MAIL	vincenteh88@gmail.com	
* TELEPHONE	0123255543	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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