

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

Reference No:

EB-A202111101179

(* Mandatory Field)

NAME APPROVAL NO.

EB-A202111101179

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

SSV MINI MARKET

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

01/11/2021

B) * REGISTRATION
PERIOD

2

YEARS

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

N

DATE

(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

NO.23,LORONG TINGKAT JALAN ISTANA

TOWN

KLANG

POSTCODE

41000

STATE

B

5. * TELEPHONE

0126469181

FAX

0126469181

6. E-MAIL

santhielamalai214@gmail.com

7. CORRESPONDENCE ADDRESS
(if different from above)

NO.23,LORONG TINGKAT JALAN ISTANA

TOWN

KLANG

POSTCODE

41000

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

KEDAI RUNCIT

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

11/11/2021

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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

SSV MINI MARKET

* NAME	SANTHI A/P ELAMALAI	
* PERSONAL IDENTIFICATION NO.	700114105802	* COLOUR BLUE
* ADDRESS	NO.10,LORONG SEMBILANG 8/KS3 D'ANJUNG TELUK PULAI	
TOWN	KLANG	
POSTCODE	41100	
STATE	10	
* E-MAIL	santhielamalai214@gmail.com	
* TELEPHONE	0126469181	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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