

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

Reference No:

EB-A2021082500920

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2021082500920

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

PUAN CIK SITI NORAFISHAH BINTI MD DESA

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

25/08/2021

B) * REGISTRATION
PERIOD

3

YEARS

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

N

DATE

(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

D-20-8 N PARK
JALAN BATU UBAN

TOWN

GELUGOR

POSTCODE

11700

STATE

P

5. * TELEPHONE

0192416088

FAX

6. E-MAIL

noradesa.cuckoo@gmail.com

7. CORRESPONDENCE ADDRESS
(if different from above)

D-20-8 N PARK
JALAN BATU UBAN

TOWN

GELUGOR

POSTCODE

11700

STATE

P

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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

SALES AND SERVICE (ELECTRICAL/SPARE PARTS)

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

25/08/2021

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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

PUAN CIK SITI NORAFISHAH BINTI MD DESA

* NAME	PUAN CIK SITI NORAFISHAH BINTI MD DESA	
* PERSONAL IDENTIFICATION NO.	910225026088	* COLOUR BLUE
* ADDRESS	D-20-8 N PARK JALAN BATU UBAN	
TOWN	GELUGOR	
POSTCODE	11700	
STATE	07	
* E-MAIL	noradesa.cuckoo@gmail.com	
* TELEPHONE	0192416088	
FAX		

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
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