

## NOMINATION FORM FOR MATTA NEW MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORY	ACTIVE BRANCH ASSC	OCIATE AFFILIATE	
COMPANY NAME	:		
COMPANY REG NO	:		
COMPANY ADDRESS	:		
OFFICIAL DELEGATE	:		
	(NAME AS PER IC / PASSPORT NO)	(IC/ PASSPORT NO)	
	(SIGNATURE & DATE)	(COMPANY CHOP)	
ALTERNATE DELEGATE	:	IC/ PASSDORT NO	
	(NAME AS PER IC / PASSPORT NO)	IC/ PASSPORT NO	
	(CICNITUDE & DATE)	(2010) VICENIU CIJORI	
	(SIGNATURE & DATE)	(COMPANY CHOP)	
PROPOSER	:		
	(NAME AS PER IC / PASSE	(NAME AS PER IC / PASSPORT NO)	
POSITION TITLE	:		
	(SIGNATURE & DATE)	(COMPANY CHOP)	
	·	·	
SECONDER	:		
	(NAME AS PER IC / PASSE	(NAME AS PER IC / PASSPORT NO)	
POSITION TITLE			
		_	
	(SIGNATURE & DATE)	(COMPANY CHOP)	