

CORPORATE CLIENT NEW ACCOUNT/AMENDMENT FORM

REGISTERED COMPANY NAI	ME:					
ADDRESS	:					
		POST CODE:			STATE:	
CONTACT PERSON	:			DESIG	NATION:	
E-MAIL	:			DEPAI	RTMENT:	
TEL NO	:			FAX N	0:	
MAILING ADDRESS (If different from above)	÷					
		POST CODE:	TOWN:		STATE:	
FORM OF BUSINESS:	:	☐ SOLE PROPRIETOR	☐ PARTNERSHIP	LIMITI	ED COMPANY 🚨 PUBLIC LISTED	
NATURE OF BUSINESS	:					
EMPLOYEERS IN TOTAL	:					
IN BUSINESS SINCE	:					
DATE OF INCORPORATION	:	BUSINESS REG/CERT. OF INCORP NO:				
AUTHORISED CAPITAL	:	PAID UP CAPITAL:				
NAMES AND ADDRESSES OF	= D/					
NAMES AND ADDRESSES OF BANKERS: 1)						
1)						
	•••••					
		TOWN			TOWN:	
				NK A/C NO:		
*KINDLY ATTACH CURRENT FORM 24/49 AND ANNUAL REPORT OR AUDITED FINANCIAL REPORT.						
I/WE THE UNDERSIGNED CONFIRM THAT THE INFORMATION GIVEN IS TRUE.						
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AUTHORISED SIGNATURE AND COMPANY CHOP					DATE	
NAME OF AUTHORISED PERSON DESIGNATION					DESIGNATION	
FOR OFFICE USE ONLY						
FACILITY GRANTED :						
REVIEWED BY :	2000				DATE :	
		N	ame			
APPROVED BY :					SIGNATURE :	
		Name of Aut	thorised Person			
COMPANY CODE :						

TROPICANA MEDICAL CENTRE (M) SDN BHD (478738-A) (formerly known as Damansara Women's Specialist Centre Sdn. Bhd.)

GB/HAD/064/091208/00

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