Dayak Chamber of Commerce and Industry (DCCI), Sarawak

Level 3, Lot 6-8, Block H, Taman Sri Sarawak Mall, No. 1, Jalan Borneo, 93100 Kuching, Sarawak.
Tel : 082-245587, 412553 Fax : 411300

Creating A Progressive Community Through Economic Synergy

MEMBERSHIP APPLICATION FORM*

1. Name Of Applicant : _____
   (As in the I/C)
2. I/C No. : _____ (Old) _____ (New)
   (2A) : _____ (2B). _____
   (Date of Birth) (Age)
3. Postal Address : _____
   (In full)
   _____
   Tel : _____ _____ _____
   (Office) (House) (Handphone)
   Fax : _____ _____
   (Office) (E-mail)
4. Original Home : _____ _____ _____
   (Village/Longhouse) (District) (Division)
5. Business or Profession Involved In:**

(i) Name : _____
(ii) Professional Licence No : _____
(iii) Name of Company : _____
(iv) Authorised Capital : _____
(v) Paid-up Capital : _____
(vi) Location : _____
(vii) Company Rep. : _____
(viii) Type of Industry or Profession : _____
(ix) Year of Operation : _____
(x) Registration No. : _____

6. Any Other Personal Details : _____ _____
   (If you wish to disclose) (Highest Qualification (s) or full Qualifications). (Other detail)
7. State type of Membership : ! Ordinary Member ! Life Member
   (Please tick)

Declaration

I shall fully abide by the Rules and Regulations of the DCCI's Constitution.

....
Signature of Applicant Date

PROPOSER AND SECONDER

We hereby propose and second the above Application.

_____ _____ _____ _____
Date Name of Proposer Name of Seconder Signature

FOR THE DCCI'S OFFICIAL USE ONLY

The DCCI Supreme Council had duly deliberated on, approved and accepted the above Application _____ (Number) on _____ (date) in accordance with the DCCI'S Constitution.

_____ _____ _____
President Secretary General Dated

* Please send completed Application Form to the DCCI's Executive Secretary by post, fax or hand through the DCCI's above address.

** Please use separate attachment, if space is insufficient.

Note : Incomplete Application Form may be a reason for disapproval.