



DAYAK CHAMBER OF COMMERCE AND INDUSTRY, SARAWAK (DCCI)

APPLICATION FOR MEMBERSHIP

The Secretary General,
Dayak Chamber of Commerce and Industry (DCCI)

Dear Sir,
Being desirous of becoming, Corporate Member/Associate Member of the Dayak Chamber of Commerce and Industry, I agree to abide by its Memorandum and Articles of Association. A sum of RM being the membership fee is deposited herewith in anticipation of being enrolled as a member subject to the approval by Scrutiny and Executive Committee of DCCI.

Signed:

Date:

Name:

Stamp/Seal of the Company/Firm:

BUSINESS INFORMATION

Business Name	
Representative Name	

Application must be proposed and seconded by valid Members of Dayak Chamber of Commerce and Industry (DCCI).

Proposed by (Name)									
Business Name									
Membership No.									
Signature									

Seconded by (Name)									
Business Name									
Membership No.									
Signature									

FOR OFFICIAL USE ONLY				Photograph of CEO / Director / Partner / Proprietor
Membership Class		Received Total (RM)		
Receipt No		Cash/P O/DD/Cheque		
Dated		Membership Valid Up to		
Signature		Issued Membership Certificate No and dated		



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PART 1: PERSONAL DETAILS

Name (as per NRIC)				Contact Details	Mobile	
					Telephone	
					Fax	
					Email	
NRIC No						
Race						
Nationality						
Correspondence Address						
Post Code		Town		State		
Highest Qualification						
Year	School/Institution/Universities Attended			Qualifications Obtained		

Other Qualifications/Membership of Professional Bodies		
Date Obtained	Qualifications	Awarding Institutions



PART 2: COMPANY/FIRM INFORMATION

Company/Firm Name		<input type="checkbox"/> Parent Company (please include detail of subsidiary company in separate attachment)		
		<input type="checkbox"/> Subsidiary Company (Please specify Parent Company)		
Company/Firm Address				
Corporate Email		Website		
Telephone		Fax		
Type of Business	<input type="checkbox"/> Enterprise <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Others _____	Shareholders Information		
		Full Name (as per NRIC)	Race	% of Share
Date of Incorporation				
Company Registration No.				
Paid-up Capital				
Licenses <small>Please attach copy of license(s) and scope of the license.</small>	<input type="checkbox"/> UPKJ <u>Class A</u> <input type="checkbox"/> CIDB <u>G7</u>	<input type="checkbox"/> Sijil Taraf Bumiputera (STB) <input type="checkbox"/> Ministry of Finance	<input type="checkbox"/> PETRONAS <input type="checkbox"/> SME Rating ____ <input type="checkbox"/> Others ____	
Business Industry <small>You may select more than one (1) industry</small>	<input type="checkbox"/> Commercial Agriculture <input type="checkbox"/> Education & Human Capital Development <input type="checkbox"/> Forestry <input type="checkbox"/> Infrastructure <input type="checkbox"/> Information Technology <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Oil & Gas/Renewable Energy <input type="checkbox"/> Services <input type="checkbox"/> Tourism	Number of Employees		
		Category	Bumiputera	Non-Bumi
		Management		
		Executive & Supervisory		
		Clerical/skilled/se mi- skilled/general worker		
		TOTAL		
Core Business <small>What is your core business activity? What are your core products/services?</small>				



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Project Experience			
No.	Project Title	Year	Value (RM)

*To attach Letter of Award

PART 3: FINANCIAL INFORMATION (connected parties*)

Financial Standing (Group)			
In Ringgit Malaysia	2021	2020	2019
Revenue			
Profit Before Tax			
Net Worth (Shareholders Equity)			
Notes : To attach Financial Statement for the past 3 years			
Banking Information			
Secured Facility #1 Name of the financial institution(s) that provides banking facilities to the business			
Banking Facilities	RM	Principal Guarantee Name the person(s) that provides guarantee for the banking facilities. (To attach Letter of Offer)	
Trade-line (LC/BG/BA/TR)			
Overdraft/ODPC			
Hire Purchase		Principal Cheque Signatories Name the person(s) with mandatory cheque signatory for the business. (To attach Board Resolution for cheque signing)	
Others			
TOTAL			
Secured Facility #2 Name of the financial institution(s) that provides banking facilities to the business			
Banking Facilities	RM	Principal Guarantee Name the person(s) that provides guarantee for the banking facilities. (To attach Letter of Offer)	
Trade-line (LC/BG/BA/TR)			
Overdraft/ODPC			
Hire Purchase		Principal Cheque Signatories Name the person(s) with mandatory cheque signatory for the business. (To attach Board Resolution for cheque signing)	
Others			
TOTAL			
Secured Facility #3 Name of the financial institution(s) that provides banking facilities to the business			
Banking Facilities	RM	Principal Guarantee Name the person(s) that provides guarantee for the	
Trade-line (LC/BG/BA/TR)			



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Overdraft/ODPC		banking facilities. (To attach Letter of Offer)	
Hire Purchase		Principal Cheque Signatories Name the person(s) with mandatory cheque signatory for the business. (To attach Board Resolution for cheque signing)	
Others			
TOTAL			
Secured Facility #4 (Subsidiary Co.) Name of the financial institution(s) that provides banking facilities to the business			
Banking Facilities	RM	Principal Guarantee Name the person(s) that provides guarantee for the banking facilities. (To attach Letter of Offer)	
Trade-line (LC/BG/BA/TR)			
Overdraft/ODPC			
Hire Purchase		Principal Cheque Signatories Name the person(s) with mandatory cheque signatory for the business. (To attach Board Resolution for cheque signing)	
Others			
TOTAL			
TOTAL SECURED FACILITY (RM)			
Banking Facilities			
Trade-line (LC/BG/BA/TR)			
Overdraft/ODPC			
Hire Purchase			
Others			
TOTAL			

*Connected parties means the above person has the capacity in the company, by way of one or more of the following:

1. Director;
2. Controlling Shareholders;
3. Influential Shareholders;
4. Executive Officer (Senior Management);
5. Officer; and /or
6. Guarantor

*Document to be submitted for verification (To be certified true copy by (Sec. Gen. to verify)):

1. Copies of Identification Card of the Owners/Shareholders
2. Form 9
3. Memorandum of Articles
4. Form 24
5. Form 49
6. Official Registration Document for Firm
7. Banking Facilities Documents

PART 4: DECLARATION

<p>I/We hereby confirm that :-</p> <ol style="list-style-type: none"> 1. All information forwarded to Dayak Chamber of Commerce and Industry (hereafter to be referred to DCCI) as per document checklist above and any additional information to provided to DCCI from time to time are updated and complete. 2. To the best of my/our knowledge , there is no false or misleading statement contained in, or material omission from, the information that is provided to DCCI in relation to the application.



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3. I/We authorize DCCI to verify the information provided with any other party, and furnish it to those who are deemed necessary.
4. DCCI reserves the right to reject the applicant if the details provided are deemed incorrect.
5. Directors of the company are not declared bankrupt.
6. I/We authorize DCCI to verify and/or conduct any checks and/or obtain any information and/or confirmation at any time and from time to time now and/or in the future, with any credit/financing reference/reporting agencies, including but not limited to CCRIS, CTOS, CRR, and/or any other agencies, and/or from any financial institution(s) and to provide such aforesaid party(s) with the required information requested to enable DCCI to ascertain my/our status and/or any other person, individual and/or entity related to and/or associated with me/us as may be required by DCCI for the purpose of considering this application and thereafter if this application is approved for the purpose of the grant and/or continued maintenance of the facility; and/or recovery of financing owing under this facility; and/or any purpose related to or in connection with the facility applied for; and/or for any other purpose that is required or permitted by any law, regulations, guidelines and/or relevant regulatory authorities.
7. The plan to share my/our information (excluding information relating to the business or my/our account) with third parties for strategic alliances, marketing and promotion needs to get my/our consent.

Signature	
Name	
Position Title	
Date	
Company stamp	

PART 5: ACKNOWLEDGMENT AND CONFIDENTIALITY STATEMENT BY DCCI

1. DCCI shall treat all information relevant to the purpose of profiling DCCI members as Confidential Information, safeguard all non-public or proprietary information from disclosure and shall not, without the prior written consent of the Disclosing Party, reproduce or use the Confidential Information for any other purpose other than the connection with such purpose.
2. DCCI warrants that it shall apply reasonable measures and use its best efforts to safeguards against the unauthorized disclosure of Confidential Information and undertake to protect the Confidential Information in the same manner and to the same degree that its protects its own Confidential Information.
3. Notwithstanding anything to the contrary of this statement, neither Party shall be liable for any consequential and indirect damages including punitive damages and without limitation to loss of profit, loss of opportunities and loss of reputation.

Signature	
Name	
Date	