



## Malaysia Cross Border e-Commerce Association 马来西亚跨境电子商务协会

### MEMBERSHIP APPLICATION FORM

Membership Category	Subscription Fee	One time Joining Fee
<input type="checkbox"/> Ordinary Member <ul style="list-style-type: none"> <li>Locally incorporated companies with at least 60% Malaysian ownership are eligible to be ordinary members of the Association.</li> </ul>	RM 200.00 per annum	RM 50.00
<input type="checkbox"/> Life Member <ul style="list-style-type: none"> <li>Locally incorporated companies with at least 60% Malaysian ownership are eligible to be life members of the Association.</li> </ul>	RM 2,000.00 one time	RM 50.00
<input type="checkbox"/> Affiliate Member <ul style="list-style-type: none"> <li>Local/Foreign business Association, legal foreign companies.</li> </ul>	RM 200.00 per annum	RM 50.00
<input type="checkbox"/> Associate Member <ul style="list-style-type: none"> <li>Any Malaysian corporate, firm or organization carrying out businesses can become an associate member.</li> </ul>	RM 200.00 per annum	RM 50.00
<input type="checkbox"/> Individual Member <ul style="list-style-type: none"> <li>Any Malaysian age 18 and above</li> </ul>	RM 100.00 per annum	RM 50.00

Name of Company/Organization: \_\_\_\_\_

Company registration No.: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Company Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Company Website : \_\_\_\_\_

Please make payment to:

**PERSATUAN E-DAGANG RENTAS SEMPADAN MALAYSIA**  
**CIMB Bank      Account no. : 8603993386**



# Malaysia Cross Border e-Commerce Association

## 马来西亚跨境电子商务协会

Type of Business: Sole Proprietorship / Partnership / Private Limited Company /  
Public listed company / Business Association / Self-employed / others

Nature of Business: Manufacture / Trade / Export / Import / Service / Retail / Agent  
(Delete whichever is not applicable)

I/we hereby apply to become a member of the Malaysia Cross Border e-Commerce Association and certify that the above information is true to the best of my knowledge. If accepted, I/we agree to be bound by the Constitution of Association and rules of Association for the time-being in force. Also enclosed are certified copies of the following documents of the Company / Association:  
Section 14 Form / Business Registration Certificate / Certificate of Incorporation Form 9 / latest Form 24 and Form 49 / Company Profile.

Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Email : \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Company Stamp: \_\_\_\_\_

Proposer

Seconder

\_\_\_\_\_  
(Signature)

Name:

Company:

Membership No.:

Date:

\_\_\_\_\_  
(Signature)

Name:

Company:

Membership No.:

Date:

### For Office Use Only

Document Received:

Date Received:

Approval Date:

Payment Date:

Membership No.:

Section 14 Form

Business Registration / Certificate of Incorporation

Form 24

Form 49

Company Profile