

## Application for Membership

### Category

#### Corporate Member

Any company, corporation and partnership registered in Malaysia, including foreign-owned entities.

#### Professional Member

Any professional (such as lawyer, doctor, and engineer) operating as sole proprietorship or in partnerships registered with the respective professional bodies or Companies Commission of Malaysia as the case may be.

#### Associate Member

Any bona fide company or organisation not registered in Malaysia

### Subscription

The following annual subscription is applicable for various types of membership payable in advance:

Membership Type	Annual Turnover (RM)	Entrance Fee (RM)	Annual Subscription (RM)
<b>Corporate Member</b>	RM500K - RM1,000K	300	700
	RM1,000K – RM10,000K		900
	RM10,000K – RM50,000K		1,200
	RM50,000K – RM100,000K		2,500
	RM100,000K – RM500,000K		2,800
	More than RM500,000K		3,500
<b>Professional Member</b>	Not Applicable	100	700
<b>Associate Member</b>	Not Applicable	300	1,000

### Application Procedure

Application for membership should be made with the following documents:

1. Completed Application Form
2. 2.1 Certificate of Incorporation/Business Registration, latest Form 49 and latest P&L for **Corporate Member** **OR**
  - 2.2 Business Registration or Certificate of Practice for **Professional Member** **OR**
  - 2.3 Certificate of Registration for **Associate Member**
3. A cheque payable to **Coalition for Business Integrity Berhad** for the appropriate amount of annual subscription **or** bank in to **Malayan Banking Berhad**, Jln. Yong Shook Lin Branch, A/C No. 514187657702 and send us a copy of your bank-in slip for our record.

## Particulars of Member

**Type of Membership:**  Corporate  Professional  Associate

**Type of Company:**  Private Limited  Public Limited  Partnership  Sole Proprietorship

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

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

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Name of CEO/MD/GM: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of Co. Representative in CBI: \_\_\_\_\_ Designation: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Business Sector:**  Manufacturing  Service  Agriculture  Mining

**Business Sub-Sector:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Accountancy          | <input type="checkbox"/> Electronics        | <input type="checkbox"/> Machinery / Equipment | <input type="checkbox"/> Property / Real Estate  |
| <input type="checkbox"/> Advertising          | <input type="checkbox"/> Energy / Utilities | <input type="checkbox"/> Media                 | <input type="checkbox"/> Retail / Wholesale      |
| <input type="checkbox"/> Automotive           | <input type="checkbox"/> Engineering        | <input type="checkbox"/> Medical               | <input type="checkbox"/> Rubber                  |
| <input type="checkbox"/> Banking              | <input type="checkbox"/> Food & Beverages   | <input type="checkbox"/> Metallic              | <input type="checkbox"/> Textiles / Garments     |
| <input type="checkbox"/> Business Services    | <input type="checkbox"/> Hotels / Tourism   | <input type="checkbox"/> Minerals              | <input type="checkbox"/> Trading                 |
| <input type="checkbox"/> Chemicals            | <input type="checkbox"/> ICT / Comm.        | <input type="checkbox"/> Non-metallic          | <input type="checkbox"/> Transport               |
| <input type="checkbox"/> Construction         | <input type="checkbox"/> Import / Export    | <input type="checkbox"/> Oil & Gas             | <input type="checkbox"/> Wood                    |
| <input type="checkbox"/> Consultancy          | <input type="checkbox"/> Insurance          | <input type="checkbox"/> Petrochemicals        | <input type="checkbox"/> Others, please specify: |
| <input type="checkbox"/> Education / Training | <input type="checkbox"/> Legal              | <input type="checkbox"/> Pharmaceuticals       | _____  |
| <input type="checkbox"/> Electrical           | <input type="checkbox"/> Logistics          | <input type="checkbox"/> Plastics              |  |

**Describe Main Business Activities:** \_\_\_\_\_

**Company Stamp:**

CBI Official:

**Date Applied:**

**Date Accepted:**

**Membership No.:**