

COMPANY FORMATION INFORMATION SHEET

Proposed Company Names (2 choices) (Once name approved by the authority, shall reserve for 30 days only - S27)	1) 2)
Nature of Business (Min. 1 max. 3)	1) 2) 3)
Place of Business (if any)	:
Telephone	:
Email	:
Share Capital	: RM
First Director (s) (please provide name, address, IC no./passport no. & email address of each person)	:1. Name: I/C No: Hp No: Email: D.O.B: 2. Name: Address: I/C No: Hp No: Email: D.O.B: 3.
First shareholder (s) <ul style="list-style-type: none"> To provide name, address, IC no./passport no.& expiry date & email address of each person & no. of shares to be held) To scan & email photocopy IC or Passport as well, for verification 	1. Name: Address: I/C No or Passport No.& expiry date: Hp No: Email: D.O.B: 2. Name: Address: I/C No or Passport No.& expiry date: Hp No: Email: D.O.B:
Secretaries	:

Confirmed & agreed:

.....
(name, IC no./passport no.)

Date: