

## ON CAMPUS BUSINESS APPLICATION FORM

### DETAILS OF APPLICANT/COMPANY

*(For food operations, please list the menu with the price range)*

Name of Company:	<input type="text"/>		
Owner's Name:	<input type="text"/>		
Company Reg No:	<input type="text"/>		
IC/Passport No:	<input type="text"/>		
Type of Business:	<input type="text"/>		
Date of Incorporation:	<input type="text"/>		
Place:	<input type="text"/>		
Office Address:	<input type="text"/>		
	<input type="text"/>	Poscode:	<input type="text"/>
Tel No:	<input type="text"/>		
Fax No:	<input type="text"/>		
E-mail:	<input type="text"/>		
Owner's Permanent	<input type="text"/>		
Address:	<input type="text"/>	Poscode:	<input type="text"/>
Tel No:	<input type="text"/>		
Fax No:	<input type="text"/>		

**Please submit photostat copies of the following documents (upon application):-**

<input type="checkbox"/>	Certificate of Registration (Form D)	<input type="checkbox"/>	Business Registration Form A or ROC (Form B)
<input type="checkbox"/>	A business proposal	<input type="checkbox"/>	Copy of Identity Card (IC) for local applicant
<input type="checkbox"/>	List of proposed menu and price (for food vendor)	<input type="checkbox"/>	List of proposed services/items & price (for non-food vendors)
<input type="checkbox"/>	License to operate telecommunication antenna from local authority (for telecommunication service providers)	<input type="checkbox"/>	Letter of confirmation from Malaysian Communications and Multimedia Commission (MCMC) that the wave is free from any negative implication (for telecommunication service providers)

**FINANCIAL INFORMATION**

Please state name and address of bank where you maintain an account and submit the copy of bank statement.

Bank's Name:

Bank's Address:

Account No:

Type of Account:

**EXPERIENCE**

Please specify works/services/supply experience, your company has undertaken until this date.

- 1) .....
- 2) .....
- 3) .....

**DECLARATION**

We declare and certify that:-

- a) All information required in all parts has been completed satisfactorily.
- b) All photocopy of certificate and letters required are enclosed
- c) We hereby declare that we have not so far caused any damaged or loss whatsoever to our clients in respect or any award on work assign to undertaken and executed by us and neither is there any order of judgement made by court or tribunal or competence jurisdiction in that respect against us.
- d) All information and details given are true otherwise, the application will not be given a favourable consideration.

Applicant's Signature: .....

Name: .....

Date: .....

**FOR OFFICE USE ONLY**

Date Received:

Received By:

Recommended for interview: -

Yes                       No

Recommended for food testing:-

Yes                       No

Food Testing Comments:

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.....  
.....  
.....

<b>Recommendation by BU:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Reject	<b>Supported by SDSSO:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Official Stamp:	Official Stamp:

**Submission of documents (before operation):-**

<input type="checkbox"/>	Acceptance Form	<input type="checkbox"/>	MMU Worker Pass
<input type="checkbox"/>	Stamped TA (3 sets)	<input type="checkbox"/>	Copy of Passport/Visa (for foreign workers)
<input type="checkbox"/>	Business License	<input type="checkbox"/>	Copy of HALAL Certificate of suppliers (if non-Muslim F&B vendor)
<input type="checkbox"/>	Copy of Typhoid Injection Cards for all workers/employees from local authorities (for food vendors)	<input type="checkbox"/>	Proof of Deposit Payment
<input type="checkbox"/>	Copy of Food Handling Course Certificate from local authorities (for food vendors)		