

MEMBERSHIP FORM

The Secretary,
KOPERASI DOKTOR PULAU PINANG BERHAD
Dear Sir/Madam,

KDPP MEMBERSHIP NO.: _____

I wish to apply to be a member of the KOPERASI DOKTOR PULAU PINANG BERRHAD . My personal particulars are as below:

APPLICANT INFORMATION (APPLICANT MUST BE A LIFE MEMBER OF PMPS)	Name:		LIFE MEMBER OF PMPS: YES / NO	
	(PLEASE WRITE NAME IN BLOCK LETTERS AND AS PER IDENTITY CARD)			
	Date of birth : (DD/MM/YYYY)	I.C No. (new):		I.C. No. (old):
	Sex: Male / Female	Religion :		Nationality:
	Home address:			
	City:	State:	Post code:	
Tel (H):	Tel (H/P):	Email :		
SPOUSE / NEXT-OF-KIN	Name:			
	(PLEASE WRITE NAME IN BLOCK LETTERS AND AS PER IDENTITY CARD)			
	Tel. No.:	I.C No. (new):	Relationship:	
APPLICANT EMPLOYMENT INFORMATION	Employed / Self Employed			
	Employer / Business name:		Designation	
	Employer / Business address:			
	City:	State:	Post code:	
	Tel (Off):	Fax:	Email:	
PAYMENTS	1. Entrance Fee : RM500.00		RM 500.00	
	2. Full share purchase : No. of shares <input style="width: 50px;" type="text"/> @ RM1.00 per share		RM _____	
Attached with this application is the payment for Entrance fee and Share subscription.			TOTAL RM _____	
Cheque/Postal/Money Order No:				
Note : Payment MUST be addressed to "Koperasi Doktor Pulau Pinang Berhad"				
DECLARATIONS	1) I hereby agree to abide by the current Bye-Laws and Rules of the Co-operative and any amendments thereto formally made during the period of my membership. I also declare that I am not a bankrupt nor has any criminal proceedings taken against me or had my membership been removed prematurely from any other cooperative in the last one year.			
	2) I am a Malaysian citizen of at least 18 years of age, residing or working or own any land/property in Pulau Pinang .			
NOMINEE	3) I hereby name the following as my nominee to receive my shares/interest. (for Non-Muslim members only)			
	Name as per I.C. or Birth Cert. (attach copy)			
	I.C./ Birth Cert No.:	Relationship		Date:
PROPOSER (KDPP member)	Name:		I.C no.:	
	KDPP Membership Number:		Date	
OFFICE USE ONLY	1. Date application received (dd/mm/yyyy)		Reference No.	
	3. Entrance Fee: RM 500.00	Share subscription value RM:	Total RM	
	6. Membership approval date (at board meeting: dd/mm/yyyy): _____			
	7. Receipt No.:	8. Membership No.:		
	9. State Code:	10. Area Code:	11. Date input in Computer System:	
	12. Prepared by (Name):	Signature:	Date:	
	13. Verified by (Name):	Signature:	Date:	
	14. Secretary (Name):	Signature:	Date:	
NOTES:	1. CASH payments are NOT accepted.			
	2. Payment MUST be addressed to "Koperasi Dokto Pulau Pinang Berhad Berhad".			
	3. Individual member must subscribe one thousand ringgit (RM1,000) as a minimum share subscription and entrance fee of five hundred ringgit (RM500).			
	4. Please attach a copy of your Malaysian Identity Card (MyKad) along with the application form			
	5. Membership is subject to the approval of the Board of Directors			
	6. Please inform KDPP if there is any changes in your information and particulars in the form immediately.			