**MEMBERSHIP APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| Name of Company | : |  |
| Registration No. | : |  | Date of Incorporation | : |  |

|  |
| --- |
| Type of Business Constitution (*please ✓ tick accordingly*): |
| [ ] | Private Limited Company | [ ] | Public Limited Company |
| [ ] | Partnership | [ ] | Sole Proprietorship |
| [ ] | Other (*please specify*): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Business | : | [ ] Retail of/in: |  |
|  |  | [ ] Others: |  |
| Brand(s) | : |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No of Outlets | : |  | No. of Employees | : |  |
| No. of Consignment Counters | : |  | Total Floor Area (sq.ft.) | : |  |
| Sales Turnover in last financial year (RM) | : |  |  |  |

|  |  |  |
| --- | --- | --- |
| Correspondence Address | : |  |
|  |  |  |
| Registered Office  | : |  |
| (*if different from above*) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone | : |  |  |
| Email | : |  | Website | : |  |

|  |  |  |
| --- | --- | --- |
| Company Profile | : |  |

|  |
| --- |
| Are any of your associate companies a member of MRA? *(Please ✓ tick relevant box)* |
| [ ] | Yes, name of associate company(s):  |  |
| [ ] | No |  |

Is your company a **Human Resources Development Fund (HRDF)** registered employer?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] | Yes | [ ] | No |

|  |
| --- |
| Please let us know briefly your reason for joining MRA: |
|  |
|  |

* Please attach **Form 9**, **Form 13** *(if there was change in company’s name)*, **Form 24** and **Form 49**.
* For company registered from 2017 onwards, please attach the **latest company search** **information documents** from Companies Commission of Malaysia (SSM).
* Please attach a copy of Company Profile/Brochure/Product Catalogue.

**REPRESENTATION TO THE ASSOCIATION**

**(1) Head of Company (HOC):**

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Designation | : |  |
| Direct Line | : |  | Mobile No. | : |  |
| Email | : |  |  |  |  |
| Name of Secretary/PA | : |  | Email | : |  |

**(2) Official Representative (OR) to the MRA**

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Designation | : |  |
| Direct Line | : |  | Mobile No. | : |  |
| Email | : |  |  |  |  |
| Name of Secretary/PA | : |  | Email | : |  |

**(3) Alternate Representative (AR) to the MRA**

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Designation | : |  |
| Direct Line | : |  | Mobile No. | : |  |
| Email | : |  |  |  |  |
| Name of Secretary/PA | : |  | Email | : |  |

* MRA has created a **“WhatsApp Chat Group”** to be in contact with its members for info-sharing and dissemination of news. We hereby seek your permission to provide the name and mobile number of your representative to be included in the chat group. Due to limitation set by the chat group and MRA membership is growing, we will limit to one name per company be included. May we suggest that either the OR or AR be listed as the main Contact Person.

|  |  |
| --- | --- |
| [ ] | Yes, please include the following contact in the MRA **“WhatsApp Chat Group”**. |
|  | Name | : |  | Designation | : |  |
|  | Mobile no. | : |  |  |  |  |
| [ ] | No, we do not want to be listed in the MRA **“WhatsApp Chat Group”**. |

We hereby apply to become a member of **Malaysia Retailers Association (MRA)** and certify that the above information is true to the best of my knowledge. If accepted, we agree to abide by the Association's Constitution & Rules and the Code of Ethics.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | : |  |  |  |  |
| Date | : |  | Signature & Company’s Rubber Stamp |

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|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Application received on | Approved by Membership Committee on | Type of Membership Approved |
|  |  |  |

Kindly complete and return the application form to **MRA Secretariat** at:

A-11-11 & A-11-12, Tower A, Level 11, Menara UOA Bangsar, No.5, Jalan Bangsar Utama 1, 59000 Kuala Lumpur.

Tel: 03-2284 8322 Email: mra\_secretariat@mra.com.my Website: [www.mra.com.my](http://www.mra.com.my)