

REGISTRATION FORM

Company Name _____

Company Registration No. _____

Nature of Business _____

BUSINESS ADDRESS

Street Address _____

State _____ City _____

Postcode _____ Country _____

Business Phone _____

Business Fax _____

CONTACT PERSON

Contact Person 1 _____

Designation _____

Business Phone _____ Mobile Phone _____

Email _____

Contact Person 2 _____

Designation _____

Business Phone _____ Mobile Phone _____

Email _____

Authorized Signature

Company Stamp

Name : _____

Designation : _____

Date : _____

**Please submit together with Form 8/9, Form 24, Form 49, Form D, Form E and other registration documents.*

PLUSTrack
Toll For Fleet Made Easy

I/We hereby confirm that the particulars submitted on this form are complete and accurate and I/we hereby agree to abide by the PLUSTrack Terms and Conditions.

Saya/Kami dengan ini mengesahkan bahawa segala maklumat yang dinyatakan dalam borang ini adalah lengkap dan tepat dan saya/kami juga bersetuju untuk mematuhi segala Terma dan Syarat PLUSTrack.

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Customer Signature / Tandatangan Pelanggan

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Date/ Tarikh