

**Form A**  
**REGISTRATION OF BUSINESS RULES 1957**  
**[RULE 3] - PORTAL**  
**BUSINESS REGISTRATION**

Reference No:

EB-A2020100902407

(\* Mandatory Field)

NAME APPROVAL NO.

EB-A2020100902407

I/We the person(s) responsible submit for registration of the following particulars regarding the under-mentioned business.

**INFORMATION OF BUSINESS (\* Mandatory field)**

1. \* BUSINESS NAME

AKHTAR PEST CONTROL SERVICES

2. A) \* DATE OF COMMENCEMENT OF BUSINESS  
(dd/mm/yyyy)

09/10/2020

B) \* REGISTRATION  
PERIOD

1

YEARS

3. \* PARTNERSHIP AGREEMENT  
(If yes, upload the copy of agreement)

NO

DATE  
(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

05-77-3B JALAN SP 3/1  
TAMAN SAUJANA PUCHONG  
SELANGOR DARUL EHSAN

TOWN PUCHONG

POSTCODE 47110

STATE SELANGOR

5. \* TELEPHONE

0132700835

FAX

6. E-MAIL

fiqrieyfiq666@gmail.com

7. CORRESPONDENCE ADDRESS  
(if different from above)

05-77-3B JALAN SP 3/1  
TAMAN SAUJANA PUCHONG  
SELANGOR DARUL EHSAN

TOWN PUCHONG

POSTCODE 47110

STATE SELANGOR

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**INFORMATION OF BRANCHES (\* Mandatory field)**

\* NO OF BRANCHES 0

NO	BRANCH ADDRESS	TOWN	POSTCODE	STATE
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**INFORMATION TYPE OF BUSINESS (\* Please fill in at least 1)**

BUSINESS DESCRIPTION

PERKHIDMATAN KAWALAN MAKHLUK PEROSAK DAN SANITIZE

NO	BUSINESS TYPE (CODE)	DESCRIPTION
1	81295	PERKHIDMATAN PEMBERSIHAN KAWALAN HAIWAN PEROSAK YANG TIADA KAITAN DENGAN PERTANIAN (CLEANING OF PEST CONTROL SERVICES NOT IN CONNECTION WITH AGRICULTURE )

SUBMISSION DATE  
(dd/mm/yyyy)

09/10/2020

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**INFORMATION OF OWNERS (\* Mandatory field)**

1.*NAME OF OWNER	MUHAMMAD FIKRI BIN SHAFFAI		
2. *DATE OF BIRTH (dd/mm/yyyy)	01/09/1988		
3. *NATIONALITY	MALAYSIAN		
	IF PERMANENT RESIDENT, STATE COUNTRY OF ORIGIN		
4. *PERSONAL IDENTIFICATION NO	OLD		5.*COLOUR BLUE
	MYKAD	880901065089	
	MYPR		
	PASSPORT		
	POLICE		
	ARMY		
6.*SEX	Male		
7.*RACE	MELAYU		
8.*RESIDENTIAL ADDRESS	05-77-3B JALAN SP3/1 TAMAN SAUJANA PUCHONG		
	9.*TOWN	BANDAR PUTRA PERMAI	
	10.*POSTCODE	47100	
	11.*STATE	SELANGOR	
12.TELEPHONE	0132700835	FAX	
13.E-MAIL	fiqrieyfiq666@gmail.com		
14.*OWNERSHIP	SOLE PROPRIETORSHIP		
SUBMISSION DATE (dd/mm/yyyy)	09/10/2020		

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**VERIFICATION BY OWNER/PARTNER(S) (\* Mandatory field)**

I/We confirm the accuracy of all the statements made in the form and declare that I/We am/are the owner/partner(s) of the business the name of which is

AKHTAR PEST CONTROL SERVICES

* NAME	MUHAMMAD FIKRI BIN SHAFFAI		
* PERSONAL IDENTIFICATION NO.	880901065089	* COLOUR	BLUE
* ADDRESS	05-77-3B JALAN SP3/1 TAMAN SAUJANA PUCHONG		
TOWN	BANDAR PUTRA PERMAI		
POSTCODE	47100		
STATE	SELANGOR		
* E-MAIL	fiqrieyfiq666@gmail.com		
* TELEPHONE	0132700835		
FAX			

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**VERIFICATION BY OWNER/PARTNER(S)**

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
1	MUHAMMAD FIKRI BIN SHAFFAI	880901065089	BLUE	fiqrieyfiq666@gmail.com