

# KOPERASI PEMBANGUNAN USAHAWAN MASYARAKAT MAJU SABAH BERHAD (S-4-676)

LOT 19-21, WISMA HAJI SEDI & HAJAH APSHAH, JALAN KOMPLEKS JKR,  
PUTATAN COURT PUTATAN, 88200, KOTA KINABALU, SABAH.  
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For Kopusamaju Pembangunan Usahasama Masyarakat Maju Sabah Berhad use only

A/C Code: \_\_\_\_\_

Sales Rep. Name: \_\_\_\_\_

## ACCOUNT OPENING FORM

i) Company Name: \_\_\_\_\_

ii) Business Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Owned ☐ Rented ☐

Registered Address \_\_\_\_\_

Tel: \_\_\_\_\_

iii) Business Registration No: \_\_\_\_\_

Year Established: \_\_\_\_\_

iv) Legal Status: Sole Proprietor ☐ Partnership ☐ Company (S/B) ☐

Authorised Capital: RM \_\_\_\_\_

Paid Up Capital: RM \_\_\_\_\_

v) Kind of Business (kindly tick in the related box)

Hypermarket	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>
Mini Market	<input type="checkbox"/>
Provision Sundry Wholesaler	<input type="checkbox"/>
Provision Sundry Retailer	<input type="checkbox"/>

Ethnic Outlet/Store	<input type="checkbox"/>
Convenience Store	<input type="checkbox"/>
Petrol Kiosk	<input type="checkbox"/>
Dormitory Canteen	<input type="checkbox"/>
Departmental Store	<input type="checkbox"/>

Food Service (eg: Restaurant, Hawker Stall, Food Parlour etc)	<input type="checkbox"/>
Vending Machine	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

vi) Terms of Payment: ☐ Cash ☐ Bill to Bill \_\_\_\_\_ Days (With/ Without PDC)

vii) Name of Proprietor/Partner/Director	IC No./ Passport No.	Designation	Residential Address
01. _____	_____	_____	_____
02. _____	_____	_____	_____
03. _____	_____	_____	_____

viii) Bankers	Address	A/C No.
_____	_____	_____
_____	_____	_____

ix) Preferred Credit Limit	Credit Term Extended (days)
_____	_____

x) Acknowledgment of Credit Application by Customer.

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Contact No : \_\_\_\_\_

Signature : \_\_\_\_\_

Official Chop :

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Recommendation/ Approvals

A) Proposed Credit Limit : RM \_\_\_\_\_

B) Approved Credit Limit : RM \_\_\_\_\_

Account In-Charge	Signature:	Date	Comments
_____	_____	_____	_____

Managing Director	Signature:	Date	Comments
_____	_____	_____	_____

If there is any change in the information provided above at any point in time, the concerned party is required to notify Kopusamaju Pembangunan Usahasama Masyarakat Maju Sabah Berhad office immediately