**CUSTOMER REGISTRATION FORM**

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| Name of Business  Business Registration No. Date of Incorporation | Ake &alb% MetVoAsia  51-4 |  |  |  |  |
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Type of Business : Sole-Proprietorship

Private Limited (Sdn. Bhd.)

Public Limited (Bhd)

*(Please tick accordingly)* Partnership

Paid-up Capital —

Business Address

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| Telephone No. Fax No.  Email Address Principal Business | 7-6crif 9.gyo 14, *s?sg*  Sal Fu l C avoettinisciihs | |  |  |  |
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Order

Name: Oirig..501111121 Sutikvi Tel (DID): 011- 33ift 54-

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| Designation: iS **o 4-14r** | Email Address: Soca' eatatiielliiS4015 |

Payment

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| Name: SAirqi, surolgi sufigivi | Tel (DID): GO- -1,33ift |

Designation: ***IF*** el-clay Email Address: SA ictti Qc\*Iletiblusetins sjie,

Contact Personnel

Supporting Documents : Certificate of Business Registration (Form 9 / 13 / D / B)

For and on beheld of the business / company, I hereby declare that the information given above and documents attached are valid and true.

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|  |  |  | **ACADEMY OF SCIENCES MALAYSIA**  902-4 Jalan Tun Ismail  50480 Kuala Lumpur 7art16p94 9898 Fan. 003-2604 5858  Date : le */46 (7-011* |
| Signature  Name Desingation | **:SAIFUL SUHAIRI SUARNI  IT Officer**  **Academy of Sciences Malaysia ,** | |