

## DAYAK CHAMBER OF COMMERCE AND INDUSTRY (DCCI) DEWAN PERNIAGAAN DAN PERINDUSTRIAN DAYAK (DPPD)

1<sup>st</sup> Floor, Dayak Chamber Tower, Jalan Ong Tiang Swee, 93200 Kuching, Sarawak **Tel:** 082-425821 **Fax:** 082-422806 **Website:** http://www.dcci.my **E-mail:** dcci.secretariat@gmail.com

"Creating A Progressive Community Through Economic Synergy"

Ref. No: DCCI/Revised/MA/01-25

## **MEMBERSHIP APPLICATION FORM**

SECTION A: PERSONAL DETAIL					
Name of Applicant (as in IdentificationCard)					
Identification Card (New)	\				
Date Of Birth	-	Age			
Permanent Residental Address					
Postal Address					
Contact Detail	Office	НР			
	Email Address				
Hometown	-				
District	<u></u>				
Division					
	CTION B: BUSINESS INFOR	RMATION			
**This section is to be filled by Bus	iness Owner**				
Business Set-Up	GROUP / SDN BHD / PLT / SOLE PROPRIETOR				
Others (Please specified)					
Company Size	LARGE / MEDIUM/ SME / MICRO-SME				
Main Industry	\ <del></del>				
Sub-Industry					
Name of Organization					
Business Address :					
Business Registration No.					
Ownership (Name of Owner)					
Highest Academic Qualification					

Skills Certification/ Qualification:			
License Category			
1. CIDB License/Certificate			
2.Ministry Of Finance			
3. e-Perolehan			
4. Other Relevant License			
SECTI	ION C: PROFESSIONAL SERVICES		
** This section is to be filled by non-or	rganization owner **		
Sectors	PUBLIC SECTOR / PRIVATE SECTOR		
Types of Services	3		
Name of Organization (Formal Business Registered or Informal Business	)		
<b>Business Address</b>			
(Formal Business) /			
Home Address (Informal Business)			
Position / Department			
Highest Academic Qualification			
Skills Certification/ Qualification			
Other Qualification/Certification			
SEC	TION D: PERSON TO CONTACT		
**This section to be filled by 2 family	members (Husband/Wife/Children/relative)		
Full Name :			
(as in IdentificationCard)			
Identification Card (New)			
Relationship with Applicant			
Profession			
Permanent Residental Address			
Contact Detail	Home HP		
	Email Address		
Hometown			
District			
Division			

The DCCI Supreme Council had dul(Number Constitution.				
F	OR DCCI'S OFFIC	E USE ONLY		
Date			Date	
Signature			Signature	
Name of Proposer			Name of Seconder	
We hereby propose and second the a	above Application.			
SECT	ΓΙΟΝ E: PROPOSER	AND SECONDER		
Signature Of Applicant			Date	
I shall fully abide by the rules and re	egulations of the DCCI'	S Constitution.		
<u>Declaration</u>				
Division	:			
Hometown District	:5			
	Email Address	1	<u>:</u>	
Contact Detail	Home	HP		
Permanent Residental Address				
Profession				
Relationship with Applicant	4.			
Identification Card (New)				

## **Procedure for Filling Out and Submitting Forms**

- 1. Kindly submit the completed Membership Application Form to the DCCI Executive Secretary or to DCCI's office by post, email, or in person at the address provided in the form.
- 2. Please remit RM 100.00 (one-off payment) for the entrance fee. Receipts will be issued upon payment.
- 3. Kindly provide the latest passport-sized photo, your business card, and the company profile for our reference.
- 4. Please inform DCCI immediately of any changes to your business or personal profile. This ensures that our Membership Database System remains up to date.
- 5. Please use separate attachment if space is insuffient.
- 6. Please ensure that Section E: Proposer and Seconder is completed before submitting.
- 7. The Membership Certificate will only be issued after the Supreme Council approves the Membership Application Form.
- 8. Please note that any incomplete Membership Application Form will not be processed or approved by DCCI. It is essential to ensure that all required information is provided to facilitate a smooth application process. Thank you for your understanding.