

MEMBERSHIP INFORMATION UPDATE FORM



Koperasi Usahawan Inklusif Malaysia Berhad (KUIMB)

Personal Information

Full Name :

ID Number : Date Of Birth :
D D M M Y Y

Membership Number :

Full Address :

Phone Number : Gender :

E-mail : Marital Status :

Nominee Information

Full Name :

ID Number : Phone number :

Relationship with Member : Email :

Full Address :

Bank Details

Bank : Account Number :

Confirmation

Applicant Signature

Date:

OFFICE USE ONLY

Membership Number: Share Certificate Number:

Suite 702, Level 7, PJ Tower,
AMCORP Trade Centre
+6(03) 7957 3686
www.kuimb.com

Date :

Acknowledged By :

Signature