

## AFFILIATE CORPORATE MEMBER FORM

We (name) \_\_\_\_\_

wish to apply for our Company / Firm / Organisation to be placed on the Rolls of Membership in accordance with the Bye-laws and Constitution of the Institute.

Туре	Public Private Others					
Business Address						
	Telephone:	Facsimile:		E-mail:		
Registered Address (if different from above)		L				
Contact Person	Name:					
	Designation:					
Nature of Business						
Registration	Date: Number:					
Capital	Authorised: Paid-Up:					
Ownership	Foreign	Loc	ol 🗌 lo	int Venture		
Names and address of subsidiaries and associated Companies						
Employees	001-005 051-100 101-200   210-500 501-1000 Above 1000					

CILTM/REV/01/20

We undertake:

- to advise the Institute of any changes in the above records,
- to seek the approval of the Institute to use the affiliation / logo on stationery and promotional material,
- to establish Code of Professional Conduct for compliance by staff members.

We attach hereto the joining fee amounting of RM1,100.00 vide cheque no. \_\_\_\_\_\_ dated \_\_\_\_\_\_ and made payable to The Chartered Institute of Logistic and Transport in Malaysia.

We enclose herewith the profile of our Company / Firm / Organisation.

Signature of Chief Executive
Name:
Date:

## ..... FOR SECRETARIAT USE ONLY ......

	Date	Signature	Remarks
Reviewed by Membership Committee			
Receipt issued			
Membership Scroll			

The Chartered Institute of Logistics and Transport in Malaysia No 12D, 4th Floor, Block 1, Worldwide Business Centre Jalan Tinju 13/50, Section 13, 40675 Shah Alam Selangor, Malaysia

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