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|  | SECTION 1 | | | COMPANY DETAILS & GENERAL INFORMATION | | | | | | | | | | | | | | | |  | |
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|  | Name | | |  | | | | | | | | | | | | | | | |  | |
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|  | Address | | |  | | | | | | | | | | | | | | | |  | |
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|  | SSM/NIB/Other Reg. No. (new) | | | | | |  | | | SSM/NIB/Other Reg. No. (old) | | | | | | |  | | | |  | |
|  |  | | |  | | | | | | | | | | | | | | | |  | |
|  | Correspondence Email | | |  | | | | | | | Office Telephone No. | | | | |  | | | |  | |
|  |  | | |  | | | | | | | | | | | | | | | |  | |
|  | Website | | |  | | | | *(if applicable)* | | | Office Fax No | | | | |  | | | |  | |
|  |  | | |  | | | | | | | | | | | | | | | |  | |
|  | Year Incorporated | | |  | | | | *(dd-mm-yyyy)* | | | Paid-Up Capital | | | | |  | | | |  | |
|  |  | | |  | | | | | | | | | | | | | | | |  | |
|  | Ultimate Holding Company Name: *(if applicable)* | | | | | | | |  | | | | | | | | | | |  | |
|  |  | | |  | | | | | | | | | | | | | | | |  | |
|  | SECTION 2 | | | KEY PERSONNEL TO BE CONTACTED BY KLKB STAFF | | | | | | | | | | | | | | | |  | |
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|  | Name (1) | | |  | | | | | | | | | | | | | | | |  | |
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|  | Name (2) | | |  | | | | | | | | | | | | | | | |  | |
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|  | SECTION 3 | | | NATURE OF BUSINESS | | | | | | | | | | | | | | | |  | |
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|  | Core Business | | |  | | | | | | | | | | | | | | | |  | |
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|  | Other Services | | |  | | | | | | | | | | | | | | | |  | |
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|  | By signing below, I certify that all information is true and correct to the best of my knowledge | | | | | | | | | | | |  | | | | | | |  | |
|  | Signature: | |  | | | | | | | | | |  | | | | | | |  | |
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|  | Name: | |  | | | | | | | | | |  | COMPANY STAMP HERE | | | | | |  | |
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|  | *\*\*Please refer APPENDIX 1 for SUPPLEMENT OF BANKING DETAILS & 2 for SUPPLEMENT OF COMPANY SUPPORTING DOCUMENTS**\*\*Please refer APPENDIX 3 for KLKB VENDOR CODE OF CONDUCT & 4 for KLKB SUSTAINABILITY POLICY* *\*\*Please refer APPENDIX 5 for KLKB VENDOR DECLARATION OF INTEREST RELATED TO KLKB* | | | | | | | | | | | | | | | | | | |  | |
|  | \*\* FOR OFFICE USE ONLY \*\* | | | | | | | | | | | | | | | | | | |  | |
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