



# Transparency International – MALAYSIA

(Malaysian Society for Transparency and Integrity )  
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## APPLICATION FORM (CORPORATE)

CORPORATE MEMBERSHIP – Annual subscription: RM 500.00

| CORPORATE MEMBERSHIP                   |                                                                                                                                                                                                                    |          |  |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| NAME OF ORGANISATION                   |                                                                                                                                                                                                                    |          |  |
| REGISTRATION NO.                       |                                                                                                                                                                                                                    |          |  |
| ENTITY                                 | <input type="checkbox"/> Private Limited <input type="checkbox"/> Limited <input type="checkbox"/> Public Listed Corporation <input type="checkbox"/> NGO<br><input type="checkbox"/> Other ( <i>pls specify</i> ) |          |  |
| NATURE OF BUSINESS/OBJECT              |                                                                                                                                                                                                                    |          |  |
| NAMES OF MEMBERS OF THE GOVERNING BODY |                                                                                                                                                                                                                    |          |  |
|                                        |                                                                                                                                                                                                                    |          |  |
|                                        |                                                                                                                                                                                                                    |          |  |
|                                        |                                                                                                                                                                                                                    |          |  |
|                                        |                                                                                                                                                                                                                    |          |  |
| HEAD OF ORGANISATION                   |                                                                                                                                                                                                                    |          |  |
| DESIGNATION                            |                                                                                                                                                                                                                    |          |  |
| ADDRESS                                |                                                                                                                                                                                                                    |          |  |
|                                        |                                                                                                                                                                                                                    | POSTCODE |  |
| TELEPHONE                              | FAX                                                                                                                                                                                                                |          |  |
| EMAIL                                  |                                                                                                                                                                                                                    |          |  |
| WEBSITE                                |                                                                                                                                                                                                                    |          |  |

| CORPORATE REPRESENTATIVE |                                                                                                                                                                           |                                                               |  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| TITLE                    | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr<br><input type="checkbox"/> Other ( <i>pls specify</i> ) |                                                               |  |
| NAME                     |                                                                                                                                                                           |                                                               |  |
| DESIGNATION              |                                                                                                                                                                           |                                                               |  |
| DEPARTMENT               |                                                                                                                                                                           |                                                               |  |
| NRIC/PASSPORT NO.        |                                                                                                                                                                           |                                                               |  |
| NATIONALITY              | SEX                                                                                                                                                                       | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| TELEPHONE (Home)         | MOBILE                                                                                                                                                                    |                                                               |  |
| EMAIL                    |                                                                                                                                                                           |                                                               |  |

N.B.\* Each application must be supported by a TI-M member (preferably) or a referee (if no Member of the Society as sponsor).

Sponsor (TI-M member)

Referee (if no Member of the Society as sponsor)

|                    |  |        |  |
|--------------------|--|--------|--|
| NAME               |  |        |  |
| ORGANISATION       |  |        |  |
| DESIGNATION        |  |        |  |
| DEPARTMENT         |  |        |  |
| TELEPHONE (Office) |  | MOBILE |  |
| EMAIL              |  |        |  |

**PLEASE SEND NOTICES, CORRESPONDENCE AND COMMUNICATIONS TO MY ORGANISATION'S EMAIL ADDRESS, WHICH IT SHALL KEEP UPDATED FOR ANY CHANGES.**

Has your organisation been convicted of a criminal offence, or suffered any penalty for any corrupt or dishonest act in any country?  No  Yes, pls specify: \_\_\_\_\_

I declare that the information given in this application is complete and correct, and agree that it may be used for purposes of the Society. If I have given incorrect information or withheld any material information, the Society may disqualify the application of my organisation, terminate its membership and/or take any other action.

My organisation acknowledges and agrees that all rights as a member will be suspended if any payments to the Society are in arrears.

All membership applications are subject to the approval of the Executive Committee of the Society. No reason need be given for rejection of any application.

I enclose:

1. a cheque no: \_\_\_\_\_ for RM500 made payable to "MSTI" as payment for the annual subscription (due on 1<sup>st</sup> January of every year). (**Cash shall not be accepted**).
2. a copy of my NRIC/Passport (if not Malaysian).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Corporate Representative  
on behalf of the Applicant

**FOR OFFICE USE ONLY**

Approved:  YES  NO Date received: \_\_\_\_\_ Date Approved: \_\_\_\_\_