



MALAYSIAN EMPLOYERS FEDERATION

3A06 - 3A07 Block A, Pusat Dagangan Phileo Damansara II, No. 15, Jalan 16/11

Off Jalan Damansara, 46350 Petaling Jaya, Selangor

Tel : 03 - 7955 7778

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Homepage : <http://www.mef.org.my>

[FORM B]

FOR CALENDAR YEAR.....

M'SHIP NO. :

SUBSCRIPTION FORM FOR GROUP ORDINARY MEMBERSHIP

I COMPANY'S INFORMATION

Name of Company :
Address of Company :
Correspondence Address :
Tel : Fax :
General E-mail : Homepage :

II PAYMENT OF ANNUAL SUBSCRIPTION

Annual Subscription depends on the total workforce in your company. Ordinary Members shall pay an annual subscription at the following rates :-

Total number of employees in the **HOLDING COMPANY** is persons.
Total number of employees in the **SUBSIDIARY COS. (all inclusive)** is persons.
TOTAL NO. OF EMPLOYEES IS **persons.**
the **first 100 employees** @ RM10.00 per employee **RM**
the **second 100 employees** @ RM8.00 per employee **RM**
the **third 100 employees** @ RM6.00 per employee **RM**
thereafter,..... employees @ RM1.00 per employee **RM**
TOTAL RM

(However, the subscription is subject to a Minimum of RM1,000.00 and a Maximum of RM6,000.00.)

Enclosed is a cheque (number :) for **RM** payable to **Malaysian Employers Federation** being the Annual Subscription for the year

III INFORMATION ON COMPANY'S MANAGEMENT & CAPITAL OWNERSHIP

Chief Executive

Name (Mr/Ms/Mdm) :
Designation :
e-mail :

Person in-charge of Human Resources / Industrial Relations

Name (Mr/Ms/Mdm) :
Designation :
e-mail :

Person in-charge of Training

Name (Mr/Ms/Mdm) :
Designation :
e-mail :

If your **employees** are represented by a trade union of workmen, please state name of union :

If your **company** is represented by a trade union of employers, please state name of union :

The source of capital ownership of your company (equity more than 50%).

- Malaysia % Japan % Other Asian Countries %
- UK / Europe % USA % Other Countries %

IV INFORMATION ON COMPANY'S BUSINESS ACTIVITY

Please mark (X) at the appropriate box. Once determined, kindly elaborate the nature of activity specified.

Example : Nature of business activity : Manufacturing

Group : Non-Metallic, Mineral and Cement Products

Kindly elaborate : Manufacturing ready mix concrete, cement bricks, cement, concrete, piles and premix

MANUFACTURING

- Basic & Fabricated Metallic Products
- Electrical & Electronics
- Food, Edible Oils, Beverages & Tobacco
- Footwear, Textiles, Apparel & Garments
- Machinery & Engineering
- Mining
- Non Metallic, Mineral & Cement Products
- Paper & Paper Products
- Petroleum, Chemical & Gases
- Pharmaceuticals & Toiletries Products
- Plastics & Rubber
- Printing & Publishing
- Timber & Wood Products
- Transport / Motor / Parts Manufacturing & Assembling
- Others (Manufacturing)

NON-MANUFACTURING

- Association & Society
- Banking, Finance & Charge Card
- Business Services - Post, Courier, Maintenance, Repair Facilities, etc.
- Diversified, Holdings & Investment
- Education & Training
- Entertainment - Cinema, Amusement Centre, Theme Park, Travel Agencies
- Hotel, Resort, Restaurant & Club
- Insurance
- IT & Communication
- Media, Publishing & Advertising
- Medical & Health Services
- Plantation
- Professional Services
- Property Development & Construction
- Security Services
- Stockbroking, Investment Funds & Unit Trust
- Transportation Services - Sea, Land & Air
- Warehousing & Freight Forwarding, Shipyard & Port Services
- Wholesale, Trading, Retail, Supplier, Distributor, Direct Selling, etc.
- Others (Non-manufacturing)

Kindly elaborate : _____

V INFORMATION ON THE SUBSIDIARY COMPANIES [FORM B (I)]

Please list the subsidiary companies of your organisation. Subsidiary companies listed under Group Membership must be active. The number of employees, contact numbers and addresses, as well as the nature of business must be indicated.

IMPORTANT NOTE : You are required to fill up the attached FORM B (I) - Information on Subsidiary Companies. In the event you have **MORE THAN ONE SUBSIDIARY COMPANY**, kindly duplicate FORM B (I) before you fill it up with the information required.

Please be reminded that EACH FORM B (I) is meant for ONE SUBSIDIARY COMPANY ONLY.

VI DECLARATION

I hereby declare that all the above information is true to the best of my knowledge. We shall update MEF should there be any changes in the information given.

Name : Date :

Designation : Signature :

FORM B (I) - INFORMATION ON SUBSIDIARY COMPANIES



NOTE :

In the event you have MORE THAN ONE SUBSIDIARY COMPANY, kindly duplicate this form before you complete it with the information required. Please be reminded that each FORM B (I) is meant for ONE SUBSIDIARY COMPANY ONLY.

<i>(for MEF official use only)</i>	
Holding Co. M'ship No. :
Subs. Co. M'ship No. :

Name of Company :

Correspondence Address :

Tel : Fax :

E-mail : Homepage :

Total number of employees ispersons.

Contact Person

Name (Mr/Ms/Mdm) :
 Designation :
 e-mail :

MANUFACTURING

- Basic & Fabricated Metallic Products
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- Machinery & Engineering
- Mining
- Non Metallic, Mineral & Cement Products
- Paper & Paper Products
- Petroleum, Chemical & Gases
- Pharmaceuticals & Toiletries Products
- Plastics & Rubber
- Printing & Publishing
- Timber & Wood Products
- Transport / Motor / Parts Manufacturing & Assembling
- Others (Manufacturing)

NON-MANUFACTURING

- Association & Society
- Banking, Finance & Charge Card
- Business Services - Post, Courier, Maintenance, Repair Facilities, etc.
- Diversified, Holdings & Investment
- Education & Training
- Entertainment - Cinema, Amusement Centre, Theme Park, Travel Agencies
- Hotel, Resort, Restaurant & Club
- Insurance
- IT & Communication
- Media, Publishing & Advertising
- Medical & Health Services
- Plantation
- Professional Services
- Property Development & Construction
- Security Services
- Stockbroking, Investment Funds & Unit Trust
- Transportation Services - Sea, Land & Air
- Warehousing & Freight Forwarding, Shipyard & Port Services
- Wholesale, Trading, Retail, Supplier, Distributor, Direct Selling, etc.
- Others (Non-manufacturing)

Kindly elaborate :

If your **employees** are represented by a trade union of workmen, please state name of union :

.....

If your **company** is represented by a trade union of employers, please state name of union :

.....

THANK YOU