



[FORM B]

FOR CALENDAR YEAR

M'SHIP NO. :

SUBSCRIPTION FORM FOR GROUP ORDINARY MEMBERSHIP

1 COMPANY'S INFORMATION

Name of Company :

Correspondence Address :

Tel : Fax :

General E-mail : Homepage :

2 PAYMENT OF ANNUAL SUBSCRIPTION

Annual Subscription depends on the total workforce in your organisation. 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** at RM10.00 per employee (*Subject to a minimum of RM1,000*) **RM**

the **second 100 employees** at RM9.00 per employee **RM**

the **third 100 employees** at RM7.00 per employee **RM**

the **fourth 100 employees** at RM5.00 per employee **RM**

thereafter up to 3,900 employees at RM3.00 per employee **RM**

3,901 employees up to 9,999 at RM10,000.00 **RM**

10,000 employees and above at RM15,000.00 **RM**

TOTAL PAYMENT **RM**

**** (However, the subscription is subject to a Minimum of RM500.00 for members with 20 employees and less and a minimum of RM1,000 for members with 21 employees up to 100 employees.)**

Important Note for Payment :

- For payment via electronic transfer, MEF bank account number is **10-528-000242-2 AFFIN ISLAMIC BANK BERHAD** in favour of **MALAYSIAN EMPLOYERS FEDERATION**. A copy of the bank transaction slip with details of payment to be e-mailed to **financesubs@mef.org.my**. (*You are required to send, or scan and e-mail your duly completed Subscription Form to mefmembership@mef.org.my to request for Tax Invoice.*)
- For payment via cheque, please enclose a cheque (Number: _____) amounting **RM** _____ payable to **MALAYSIAN EMPLOYERS FEDERATION**. (*You are required to send, or scan and e-mail your duly completed Subscription Form to mefmembership@mef.org.my to request for Tax Invoice.*)

3 INFORMATION ON COMPANY'S MANAGEMENT

Chief Executive Officer/Managing Director/General Manager/Executive Director/Director

- i) **Name** (*Tan Sri/Dato'/Datuk/Mr/Ms/Mdm*):
- Designation** :
- e-mail** :
- ii) **Person in-charge of Human Resources / Industrial Relations**
- Name** (*Tan Sri/Dato'/Datuk/Mr/Ms/Mdm*):
- Designation** :
- e-mail** :
- Handphone** :
- iii) **Person in-charge of Training**
- Name** (*Tan Sri/Dato'/Datuk/Mr/Ms/Mdm*):
- Designation** :
- e-mail** :
- iv) **Person in-charge of Finance**
- Name** (*Tan Sri/Dato'/Datuk/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 :

4 INFORMATION ON APPOINTMENT FOR NOMINEE (Compulsory)

Name of Nominee ** :

**** Note : Rule 8.1 of the MEF Constitutional Rules, stated that " the nominee of an Ordinary Member shall be its Chief Executive or any other person nominated in the prescribed nomination form and approved by the Council. "**

Designation of Nominee :

(*Chief Executive Officer/Managing Director/General Manager/Executive Director/Director*)

E - Mail of Nominee :

5 INFORMATION ON COMPANY'S CAPITAL OWNERSHIP

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

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

6 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

NON-MANUFACTURING

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

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

Kindly elaborate : _____

7 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.

8 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 :

BRANCHES

NORTHERN REGION- 379-D, Jalan Hajjah Rehmah, 11600 Jelutong, Penang **Tel:** 04 - 659 9236 / 04 - 659 6909 **Fax:** 04 - 6599 873 **E-mail:** mefpg@mef.org.my
SOUTHERN REGION- No. 17A & 17B Jalan Cantik 6, Taman Pelangi Indah, 81800 Ulu Tiram, Johor. **Tel:** 07 - 862 4776 **Fax:** 07 - 862 4773 **E-mail:** mefjb@mef.org.my
EAST COAST REGION- B-8 & B-10, First Floor, Jalan Haji Ahmad 3, Sri Pahang Business Centre 25300 Kuantan, Pahang Darul Makmur. **Tel:** 09 - 512 4373 **Fax:** 09 - 512 4251 **E-mail:** mefkt@mef.org.my
PERAK OFFICE- A-1-3, 1st Floor, Wisma MFCB, No.1, Persiaran Greentown 2, Greentown Business Centre, 30450 Ipoh, Perak. **Tel:** 05 - 255 7778 / 05-255 9778 **Fax:** 05 - 255 2778 **E-mail:** mefip@mef.org.my
SABAH OFFICE- 3rd Floor Lot No. 1 Block A, Damai Point, 88300 Kota Kinabalu, Sabah. **Tel:** 088 - 210 579 **Fax:** 088-204 979 **E-mail:** mefkk@mef.org.my
SARAWAK OFFICE- Lot No 95, Jalan Nyiur, 93200 Kuching, Sarawak. **Tel:** 082 - 247 027 **Fax:** 082 - 247 028 **E-mail:** mefkc@mef.org.my

FORM B (I) - INFORMATION ON SUBSIDIARY COMPANIES



NOTE :

In the event you have MORE THAN ONE SUBSIDIARY COMPANY, kindly

duplicate this form before you fill it up with the information required.

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

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

Name of Company :

Correspondence Address :

Tel : **Fax :**

General E-mail : **Homepage :**

Total number of employees ispersons.

Contact Person

Name (Mr/Ms/Mdm) :

Designation :

e-mail :

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 :

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 (%)

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