



APPLICATION FOR MEMBERSHIP IN
KOPERASI PERUMAHAN IMPIAN SELANGOR BERHAD [KOPIS]

Date	
Name	
IC Number	
Age	
Address (Residence)	
Tel. No. of Residence	
Handphone Number	
Email Address	
Race	<input type="radio"/> Bumiputra <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Others
Religion	<input type="radio"/> Muslim <input type="radio"/> Buddhist <input type="radio"/> Hindu <input type="radio"/> Christian <input type="radio"/> Others
Sex	<input type="radio"/> Male <input type="radio"/> Female
Status	<input type="radio"/> Married <input type="radio"/> Bachelor <input type="radio"/> Widow <input type="radio"/> Widower
Employer	
Address (Office)	

I ENCLOSE HEREWITH THE FOLLOWING:

1. COPY OF APPLICANT'S AND NOMINEE'S NRIC;
2. PAYMENT OF RM..... BEING LOT(S) OF SHARES (RM1,000.00 PER LOT OF SHARES) SUBSCRIBED FOR MEMBERSHIP IN KOPIS; AND
3. PAYMENT OF RM100.00 AS ENTRANCE FEE FOR KOPIS.
(KOPIS ACCOUNT NUMBER: MBB 514 084 597 482)
4. PLEASE EMAIL ALL DOCUMENTS TO **KOPISOFFICE@GMAIL.COM**

Signature of Applicant

Acknowledged By



KOPERASI PERUMAHAN IMPIAN SELANGOR BERHAD [KOPIS]
NOMINEE FORM BY VIRTUE OF BY-LAW 18

Date	
Name	
IC Number	
Membership No.	
Address (Residence)	
I, the member above-named, hereby appoint the person named below as my nominee to receive all monies and benefits under my entitlement from KOPIS.	
Name of Nominee	
Nominee's IC Number	
Nominee's Address (Residence)	
Postcode	
Nominee's Tel. No. of Residence	
Nominee's Handphone Number	
Nominee's Email Address	
Relationship between Member and Nominee	
Nominee's Date of Birth	
Nominee's Race	<input type="radio"/> Bumiputra <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Others
Nominee's Religion	<input type="radio"/> Muslim <input type="radio"/> Buddhist <input type="radio"/> Hindu <input type="radio"/> Christian <input type="radio"/> Others
Nominee's Sex	<input type="radio"/> Male <input type="radio"/> Female
Nominee's Status	<input type="radio"/> Married <input type="radio"/> Bachelor <input type="radio"/> Widow <input type="radio"/> Widower
Nominee's Employment and Name of Employer	
Nominee's Address (Office)	
Name of Witness	
IC Number of Witness	

Signature of Applicant

Signature of Witness