

Date:

MEMBERSHIP APPLICATION

ALL APPLICANT ARE REQUIRED TO FILL UP THE INFORMATION BELOW:

PERSONAL INFORMATION

IC NUMBER :

FULL NAME (AS PER IC) :

DATE OF BIRTH :

EMAIL ADDRESS :

ADDRESS :

TEL NO :

FAX NO :

OCCUPATION :

MSEAF BANK INFORMATION

BANK NAME : MAYBANK

BANK ACCOUNT HOLDER NAME : MALAYAN SIKHS EDUCATION AID FUND

BANK ACCOUNT NUMBER : 014 226 213 336

I, _____ DO HEREBY DECLARE ALL INFORMATION GIVEN
ABOVE ARE TRUE AND CORRECT

INTERNAL REVIEW

DATE ACCEPTED :

REVIEWED BY :

PAYMENT METHOD :

STATUS : APPROVE / DECLINE