



REHDA

SUBSIDIARY/RELATED MEMBERSHIP APPLICATION FORM

Name of Ordinary Member: _____ State: _____

Contact Person: _____ Tel No. / Email: _____

No	Subsidiary/Related Companies	State	Official Representative	Address	Tel No.	Fax No.	Email

Note: Please use additional form for more subsidiary membership registration at RM100.00 per subsidiary member (excluding 6% GST).
Please provide email address of official representative as majority of communication with subsidiary members will be done electronically.

We attach herewith a Cheque No. _____ amounting to _____ being payment for subsidiary membership of the above companies for the year _____.

**Signature & Company Stamp
(ORDINARY MEMBER)**

Name of Official Representative

Date