

GS1 GLOBAL LOCATION NUMBERS APPLICATION FORM

GS1 Malaysia Berhad (1201396-K)

| | aran Dagang, Bandar Sri Damansara, 52200 Kuala Lumpur | | | | | | |
|---|---|--|--|--|--|--|--|
| Tel: 03-62867200 Fax: (Company Name | 03-62761042 Email: gs1malaysia@gs1my.org Website: www.gs1my.org | | | | | | |
| Company Tunic | | | | | | | |
| | | | | | | | |
| Nature of Constitution (Ple | ase tick 3) | | | | | | |
| | | | | | | | |
| Sole-proprietor/Partnership Limited Company Government/Statutory Body Others (Please specify) | | | | | | | |
| | | | | | | | |
| Date of Formation | | | | | | | |
| | | | | | | | |
| Name(s) of | | | | | | | |
| | 2 | | | | | | |
| Sole-proprietor/Partners | | | | | | | |
| /Directors | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| ' | (Please attach separate sheet if space is insufficient) | | | | | | |
| Issued Capital RM | | | | | | | |
| issued Suprair III/I | | | | | | | |
| Nature of Business (Please t | tick 3. If there is more than one business line, please indicate with $1, 2, 3$, etc., with No.1 being the main activity.) | | | | | | |
| Manufacturer Wholesaler/Distributor Retailer (Please indicate type of products retailed) | | | | | | | |
| | | | | | | | |
| IT services L | Logistics services Others (Please specify) | | | | | | |
| | | | | | | | |
| Based on the nature of business, please fill in either Section A or/and Section B | | | | | | | |
| | | | | | | | |
| Section A: Manufacturer/Wholesaler/Distributor | | | | | | | |
| Products Manufactured/T | raded | | | | | | |
| (Please provide details) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Brand Names | 1 4 | | | | | | |
| | 2 5 | | | | | | |
| | 3 6 | | | | | | |
| | (Please attach separate sheet if space is insufficient) | | | | | | |
| Evnort Markets (Dlama | ide details e.g. Singapore, Australia) | | | | | | |
| Export Wat New (Please prov | ue aeums e.g. singapore, Austrana) | | | | | | |
| Continu D. IT/I naisting an | d other Services Provider | | | | | | |
| Section B: IT/Logistics and other Services Provider | | | | | | | |
| - | ovided | | | | | | |
| (Please provide details) | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Contact Personnel in | Your Company | | | | | | |
|---|---------------------------------------|---------------------------|-------------|--------------------------------|-------------------|--|--|
| Title | Name | Designation | | Telephone | Email | | |
| CEO | | | | | | | |
| Key Contact Person (for Global Location Nos.) | | | | | | | |
| For Logistics | | | | | | | |
| For Operations | | | | | | | |
| For IT/E-Commerce | | | | | | | |
| For Billing (Accounts) | | | | | | | |
| Office Address | | | | | | | |
| 32200 12 00 200 | | | | | | | |
| | | | | | | | |
| | Postcode | | | | | | |
| Telephone | | F | ax | | | | |
| Email | | v | Vebsite [| | | | |
| | | · | | | | | |
| * Please indicate in GS1 Global Location Numbers Application Form – Listing of Locations (F-OM 1/12-4) the locations which will be identified by the GLNs. | | | | | | | |
| (It is mandatory to comp | lete Form No.: F-OM 1/12-4 and return | it with this application. | Any applica | ution without this form will n | ot be processed.) | | |
| I certify that the above information is true to the best of my knowledge. I have read the Rules and Regulations and on behalf of my company agree to abide by them. | | | | | | | |
| Also enclosed are the following documents of the company: | | | | | | | |
| Business Registration Certificate/Certificate of Incorporation Latest Form 49 | | | | | | | |
| GSI Global Location Numbers Application Form -Listing of Locations (F-OM 1/12-4) Latest Annual Returns | | | | | | | |
| Cheque/Bank d | raft No. | | | | | | |
| Signature | | | | | | | |
| Name | | | | | | | |
| Designation | | | | | | | |
| Date | | | | | | | |
| The cheque/bank draft is to be made in favour of "GS1 MALAYSIA BERHAD". Maybank Account: 5-14208-626-707. The completed application form together with the registration and appropriate annual and relevant documents are to be forwarded to: GS1 Malaysia Berhad, Wisma FMM No. 3 Persiaran Dagang, PJU 9, Bandar Sri Damansara, 52200 Kuala Lumpur. | | | | | | | |
| For Office Use | | | | | | | |
| For Office Use Approved by | | | | | | | |
| Date of Admission | | | | | | | |
| Remarks | | | | | | | |
| Remarks | | | | | | | |