ctos

CTOS Data Systems Sdn Bhd 199201016147 (247651H)

CTOS SELF CHECK APPLICATION FORM - COMPANY

The Manager, CTOS Data Systems Sdn Bhd
Unit 01-12, Level 09, Tower A, Vertical Business Suite
Avenue 3, Bangsar South, No. 8, Jalan Kerinchi, 59200 Kuala Lumpur.
Tel: 603-2722 8833 Email: group-sc@ctos.com.my URL: www.ctoscredit.com.my

Applicant's Particulars. Please fill in BLOCK LETTERS and BLACK ball pen only.

Company Name & No:	
Company's Address (Please state full address) :	
Director's Name :	
NRIC (Old) :	NRIC (New) :
Passport :	Other ID :
Tel (House) :	Tel (Office) :
Mobile :	Fax (Office) :
Email (Own) :	Email (Office) :

Please provide the following documents:
a. A photocopy of the Director's IC making the Self Check.
b. A photocopy of the Company's Form 9, 13 (if applicable), latest Form 49 or latest certified true copy of Company's Commission of Malaysia's search (SSM).
c. Authorization letter under Company's letterhead requesting for Self Check and signed by Director.

We, the above Applicant hereby confirm
a. We are applying for the CTOS Self Check.
b. All information given in this form are true and accurate.
c. We have not input any information to mislead CTOS Data Systems Sdn Bhd as to the Applicant's identity.
d. Any information provided by the Applicant to enable CTOS to update its information shall be true and accurate.
e. We shall fully indemnify CTOS for any cost, losses, damages or injury including the cost of legal actions arising from any false, wrong, inaccurate information or misrepresentation made by me.

Notwithstanding the above, CTOS reserves the right not to update the information if it is unable to verify the authenticity of the same or has reasons to believe the information so given by the Applicant is untrue or inaccurate. Any documents provided to CTOS for update must be true and accurate.

I/we the undersigned do give my/our consent to you and the CTOS, to process my/our personal data as per the PDPA Act and CTOS's Privacy Statement.

_____   _____
Signature   Name (as per IC or Passport)

_____   _____
Date   NRIC / Passport No.