



# REGISTRATION FORM

## Corporate Liability Under S.17A of the MACC Act 2019

April 14, 2021 (Wednesday)

Remote Online Learning via Zoom

**The Manager**  
**FMM Institute**  
Tel: 03-55692950/4471/4171  
Fax: 03-55694346  
**SST No:W10-1901-32000105**

Please tick (√) accordingly:  
PSMB Scheme:  SBL-KHAS  Non Contributor

Please register the following participant(s) for the above programme:  
(To be completed in BLOCK LETTERS)

1. Name \_\_\_\_\_ Designation \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ IC/Passport No. \_\_\_\_\_

2. Name \_\_\_\_\_ Designation \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ IC/Passport No. \_\_\_\_\_

3. Name \_\_\_\_\_ Designation \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ IC/Passport No. \_\_\_\_\_

(If space is insufficient, please attach a separate list)

Enclosed cheque/bank draft No. \_\_\_\_\_ for RM \_\_\_\_\_

being payment for \_\_\_\_\_ participant(s) made in favour of the "FMM Institute".

Submitted by:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company: \_\_\_\_\_ FMM Membership No.: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Date: \_\_\_\_\_

My Corporate Identity No.: \_\_\_\_\_