



AKADEMI BINAAN MALAYSIA REQUEST FORM (R05)

1. PARTICULARS

COMPANY NAME :

CLAB REGISTRATION NO :

CONTACT NO / PERSON :

FAX NO :

WORK CONCENTRATION :

JOB DESCRIPTION:

2. REGISTRATION DETAILS

NAME :

DATE :

SIGNATURE :

COMPANY STAMP :

3. FOR OFFICE USE ONLY

SIGNATURE :

REMARKS :

PROCESS DATE :