



Labuan Office:

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APPLICATION FORM FOR MEMBERSHIP OF GTG

1	Membership Number					(For Official use)
2	Company Name					
3	Country					
4	Domicile					
5	Address					
6	Town/City		Postcode		Country	
7	Phone No		Fax no:			
8	Year Incorporated					
9	Paid-Up Capital					
10	Rating (FSA/CPA)	A.M Best		S & P		Others: (Please specify)
11	Principal Shareholders	(1)				Share (%)
		(2)				Share (%)
		(3)				Share (%)
12	Names of Directors	(1)				
13	Principal Officer / CEO					
HEAD OFFICE (IF DIFFERENT FROM 5 ABOVE)						
14	Address					
15	Town/City		Postcode		Country	
16	Phone No		Fax no:			
17	E-mail Address					
REPRESENTATIVE						
18	Name					
19	Designation					
20	Address <i>(if different from 5 above)</i>					
21	Town/City		Postcode		Country	
22	Phone No		Fax no:			
ALTERNATE REPRESENTATIVE						
23	Name					
24	Designation					
25	E-mail Address					

Please send/fax to the Secretariat