

企业传承讲座会

Seminar on Family Business Succession

报名表格 Registration Form

姓名与职称

1. _____

2. _____

3. _____

公司名称

主要行业

地址

电话: _____

传真: _____

电邮: _____

付款方式 (非会员)

() 现金

() 支票/银行汇票号码

支票抬头请注明:

The Associated Chinese Chambers of
Commerce and Industry of Malaysia

请寄至以下地址。

() 或直接存入中总银行户口, 汇款单请传真中总。

Hong Leong Bank Berhad : 065 000 31920

负责人: _____

签署 : _____

日期 : _____

任何询问或填具报名表格请寄至:

马来西亚中华总商会 (中总)

6th Floor, Wisma Chinese Chamber,
258, Jalan Ampang, 50450 Kuala Lumpur.

Tel : 03-4260 3090/91

Fax : 03-4260 3080

Email : accim@accim.org.my

询问处: 林丽珊小姐/崔文静小姐

☐

会员 (免费)
中总各属会名称

☐

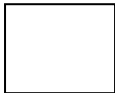
非会员 RM 100

本人/我们谨此确认以上所提供的信息是正确和有效的，并了解报名经中总确认后，中总将以此信息为准，一律不作更改。



I/We hereby certify that information contained herein is accurate and valid. I/We understand that ACCCIM will act based on the information contained herein and will not make any changes upon the confirmation of registration.

本人谨此确认并同意，本人提供中总之个人信息，作为按照隐私政策说明下使用，和其他与中总宗旨相一致之用途，以协助中总日后处理与本人相关的事务。为此目的，兹与中总协议，本人授权中总保留和使用本人的个人信息，并可把有关信息进一步传送至其办事处、中总会员商会、授权代理、政府机构，或所有其他有必要提供服务的个人和团体，促成和中总宗旨有附带性和/或相关的用途。



I hereby acknowledge and agree that my personal data is given to ACCCIM for the purpose stated in Privacy Policy, other purposes necessary so long as the intended purpose is in line with the objectives of ACCCIM to help ACCCIM in future dealings with me. For these purposes, by way of a contract with ACCCIM, I hereby authorize ACCCIM to retain and use my personal data and to further transmit it to its office, Constituent Chambers, authorized agents, government agencies, or all other persons or bodies who provide them with services necessary, incidental and/or associated in furtherance for the objectives of ACCCIM.