



Malaysian Code for Institutional Investors

SERVICE PROVIDER/PROFESSIONAL/OTHER SUPPORT BODIES SUPPORT FORM

PROFILE OF THE ORGANISATION
Name of Organisation:
Year of Incorporation:
Head Office Address:
Country Representative Office Address (where applicable):
Postcode:
Telephone No:
Fax No:
Website Address:
Name of Chairman:
Name of CEO (or equivalent):
Name of Country Representative (where applicable):
CATEGORY OF ORGANISATION
REASON(S) FOR SIGNING

Authorised Signatory

Name :
Designation :
Date :
E-mail:
Telephone No: