

STIA MEMBI	ERSHIP NO:		Date:					
Main activities:	Sawmilling/K.D./M Blockboard/Wood Export/Others:	Preservation/La	aminated Board	/Flooring				
	<u>APPI</u>	LICATION FOR	R MEMBERSHI	<u>IP</u>				
ASSOCIATION and future mem the Association and construction whom the community whom the community who is a second construction whom the community who is a second construction which is a second constru	ersigned hereby app N and hereby agree aber thereof that I/W for the time in force on thereof by the C mittee may duly de- arry out every notice us.	with the Commerce, or from times committee, or a legate their power.	to and be bound to to time to be only member or vers, and also the	nd with each and I by the rules and ordained, and the members of the nat I/We will cor	every present regulations of interpretation committee to mply with and			
Date:d	ay of20							
Signed by the sa	aid(		)	Designation	)			
in the presence	of		)	Designation	)			
	ue No:r year as subscription				Fee and			
Name of Comp Address								
we are satisfied	igned proposer and that the above fully the Association.							
Proposer:		Secon	nder:		)			
`		,	`		,			

Note: For Cheques Payment – All must be crossed and made payable to: "Sabah Timber Industries Association. For Online Payment – Online Transfer is made payable to: Alliance Bank Malaysia Berhad (ABMB): 100-3900-1000-7200

Lot 25 & 26, Block E, 1<sup>st</sup> Floor, Phase III, Damai Plaza, Luyang Commercial Centre 88300 Kota Kinabalu. P O Box 20317, 88760 Luyang, Kota Kinabalu. Tel: 6-088-249186/016-8339186 Fax: 6-088-233516 Email: stia@stia.com.my/stiakk@stia.com.my Website: www.stia.com.my



## PARTICULARS OF APPLICANT

1. Name of Firm:
2. Address:
3. Postal address:
4. Telephone Numbers: 5.Fax:
6. E-mail:
8. Mill/s License No:
Tick ( √ ) where appropriate: (Foreign/Local company)  10. Sole Proprietor (please provide name):
11. Name of Partner/Manager/Employee in-charge of timber business:
12. Date of commencement of business in timber export/processing:
13. Volume of timber sold and or shipped up to date of application:
14. Full Name & Address of Bankers:
15. Trade References :
Name:
Address:
Name :
Address:
Signature of Candidate & Company Chop

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## **MEMBER'S PARTICULARS**

Name of Company:	
Location of Mill/Warehouse:	

Processing For Imp Activities		orters Only	Size of Mill/Area	1	Main Species	Production Capacity (M3/month)	Export Volume (M3/month)	Export Destinations	Type of machineries	Total Employees Local	
	Import Volume (M3/ month)	Import Destination		(WI3/MORUI)		(W13/IIIOIIIII)	(WI3/IIIOIIII)			Foreign	
Sawmilling											
Kiln Drying											
Moulding											
Rotary Veneer											
Sliced Veneer											
Plywood											
Blockboard											
Wood Preservation											
Exporter only											
Others (please specify)											

\* If more than one mill, please use separate copy
Note: Please enclose copy of SSM extract, trading license and M&A of company