



MEMBER DETAILS UPDATE FORM

KINDLY FIIL IN BELOW FORM FOR UPDATE ON MEMBER DETAILS FOR NEW MIS SYSTEM. PLEASE FAX/MAIL/EMAIL TO US BY 31/01/0

1 NAME MR/MRS/MS

2 M'SHIP NO

3 NEW IC NO

4 COMPANY NAME

5 COMPANY ADDRESS

6 PROFESSION

7 TEL NO FAX NO

8 E-MAIL

9 HOME ADDRESS

10 HOME TEL NO H/P NO

11 SPOUSE NAME

12 SPOUSE NEW IC NO

13 PLEASE MAIL CORRESPONDENCE TO MY: OFFICE HOME

14 NEW CAR REG. NO

15 NAME OF CHILDREN BELOW 21 YEARS OLD:-

	NO	NAME	DATE OF BIRTH	SEX
				F M
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>