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REQUEST TO EXAMINE THE REGISTER

[Subregulation 7 (3)]



LB - 2

Reference No :

Section A: Applicant's Information & Details

Name : _____

Company / Organization : _____

Registration No. : _____

Address 1 : _____

Address 2 : _____

Address 3 : _____

Postcode : _____ City : _____ Country : _____

State : _____ Fax : _____

Telephone : _____ E-mail : _____

Section B: Reason(s) to Examine the Register

Signature,

(.....)

Name : _____

NRIC No. : _____

Position : _____

Date (dd/mm/yy) : _____

Section C: Official Use

Payment received

Received by,

(.....)

Officer's Name :

Date (dd/mm/yy) :

* Whichever is applicable

All correspondence should be addressed to :

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