WA EAST DISTRICT ASSEMBLY

BUSINESS REGISTRATION APPLICATION FORM

BUSINESS INFORMATION			
BUSINESS NAME		NATURE OF BUSINESS	
ADDRESS OF BUSINESS			
BUSINESS LOCATION (ADD NEAREST LANDMARK)		PHONE NO.	
		FEX NO.	
		E-mail	
APPLICANT'S INFORMARION			
FULL NAME		OCCUPATION	
CONTACT ADDRESS		PHONE NO.	
SIGNATURE		DATE:	
INTERNAL/ OFFICE USE ONLY			
CHECKED BY		SIGNATURE & DATE	
AUTHORIZED BY		SIGNATURE &DATE	
REGISTRATION NO.			
REMARKS AND OFFICIAL STAMP			