

MY AGENCY GROUP PARTICULARS

MY IMMEDIATE OFFICER

HIS/HER ACCOUNT NO - **HIS/HER RANK** **USM** **GSM**

MY GSM

HIS/HER ACCOUNT NO -

INTRODUCER

HIS/HER ACCOUNT NO -

MY PREFERRED GELFAAM BRANCH Please Choose (1) Branch

- | | | | | |
|--------------------------------------|--|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> ALOR SETAR | <input type="checkbox"/> KLANG | <input type="checkbox"/> KUANTAN | <input type="checkbox"/> MENTAKAB | <input type="checkbox"/> SEGAMAT |
| <input type="checkbox"/> BATU PAHAT | <input type="checkbox"/> KOTA BHARU | <input type="checkbox"/> KUCHING | <input type="checkbox"/> MIRI | <input type="checkbox"/> SEREMBAN |
| <input type="checkbox"/> BINTULU | <input type="checkbox"/> KOTA KINABALU | <input type="checkbox"/> LAHAD DATU | <input type="checkbox"/> PENANG | <input type="checkbox"/> SIBU |
| <input type="checkbox"/> IPOH | <input type="checkbox"/> KUALA LUMPUR | <input type="checkbox"/> MELAKA | <input type="checkbox"/> SANDAKAN | <input type="checkbox"/> TAWAU |
| <input type="checkbox"/> JOHOR BAHRU | | | | |

MY DECLARATION AND SIGNATURE

I hereby warrant that all information given above is true and complete ; and I authorise the Association to verify the information from whatever sources - including Great Eastern Life Assurance (Malaysia) Berhad - by whatever means the Association considers appropriate. If my application to become a Member is approved, I agree to abide by the Constitution of the Association, the Rules made thereunder, and to all Rules and regulations that are promulgated from time to time respect to the operation and function of the Association's activities. I understand that the Association reserves the right to decline an application with valid reason. I agree that any material omission of information known or ought to be known by me or the inclusion of any information that is false will be considered as sufficient reason for the rejection of this application or, subsequently, for an expulsion from membership

I further declare that ' I have never been a Member of the Association before/I was previously a Member of the Association **

I hereby authorise you to arrange to deduct and to receive from the company all dues relating to my membership in the Association.

Yours faithfully,

Signature of Member

Name : _____

Date : _____

***(Please delete as appropriate)*

MEMBERSHIP DUES

RANK	1st Year			2nd Year		3rd Year Onwards
	*Registration Fee	*Legal Fund	**Annual Subscription	*Legal Fund	Annual Subscription	Annual Subscription
AGENT	RM5	-	RM5	RM10	RM5	RM25
CA	RM5	RM10	RM40	-	RM40	RM40
USM	RM5	RM20	RM75	-	RM75	RM75
GSM	RM5	RM20	RM100	-	RM100	RM100

* Registration Fee and Legal Fund are One Time Payment Only

** **1st Year Annual Subscription is reduced by 50%** if application for membership is received between **1st July to 31st December**

FOR OFFICE USE ONLY

Date Received : _____ Approved / rejected at the Executive Council Meeting _____ Attested by _____

held on _____ Signature _____

_____ Name _____

Membership No : _____ W E F _____ Date _____