



Pak Hailam Kopitiam

LICENSE APPLICATION INFORMATION

Please ensure that all form fields are completed in legible handwriting. Please attach a personal resume where applicable.

Personal Information:

Name: _____ *I/C No:* _____ *Sex:* _____

Address: _____

Post Code: _____ *Tel:* _____ *Fax:* _____

Hand Phone: _____ *Email:* _____

Date of Birth: _____ *Nationality:* _____

Educational Information:

Education: (Highest Level Completed) _____

Name of College/University/School: _____

Qualifications Attained: _____ *(Degree/Diploma/Certificate/Others)*

Occupational Information:

Position: _____ *Company:* _____

Date Employed: _____ *Are you a Director of any company?* ()Yes ()No

Please list any companies where you hold a directorship:

Business Experience: (Please provide a summary of your background and experiences)

Location Interested? _____

Total cash available to invest in Pak Hailam Kopitiam (in RM) _____

Date: _____

Signature: _____

Please send this completed form to:

The Licensing Department Pak Hailam Kopitiam Sdn Bhd No.25A, Jalan Kuang Bulan Taman Kepong, 52100, Kuala Lumpur	Tel: 012-638 8928 Fax: 603-6273 4176 Website: www.pakhailam.com Email: inquiry@pakhailam.com
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