

iCAP Registration Form

(Please print out this form, fill in all details, sign by authorised employee and company stamp. Email the completed form to icap.info@mrc.com.my)

SiteID: 300

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Industry : Repairer Insurer Adjuster Vehicle Manufacture Law Firm Motorcar
 Franchise (Branch & Dealer)
 Other. Please specify: _____

Company Name: _____

Company Registration No.: _____

Address: _____

Town/City : _____ State : _____ Postcode : _____

Contact Person: _____ Email : _____

Office Phone : _____ Extension: _____

Handphone : _____ Fax : _____

Association: PIAM AMLA FAWOAM Membership No.: _____
 Other. Please specify: _____

MRC will not sell, distribute or share your information with any 3rd party unless your permission is given, as required by the law. We may use your personal information to send promotional information related to our training programs and/or the automotive industry news. Hence, you may choose the following:

I DO NOT want personal information to be used for any of the purpose

I agree / consent that my personal information may be used by MRC for the purpose as stated above and that if I decide otherwise at any point of time, I may do so by writing to MRC or emailing to icap.info@mrc.com.my to withdraw my consent.

I hereby certify that the particulars given above are true and I also agree to the terms stated above.

Authorized Signature & Company Stamp

Date

For Internal Use only:

iCAP REFERENCE Number: _____

Date Created : _____