

	NEURAL MANUFACTURING SDN BHD	Doc Ref No :	RPT-MK-004
	TITLE : APPLICANT EVALUATION	Revision No :	00
		Effective Date :	03/01/05
	DEPT : SALES & MARKETING	Page No :	1 of 1

Attachment

TYPE OF APPLICATION :
 APPLICATION DATE :
 TERRITORY :

DETAILS OF APPLICANT

Company Name :
 Company Registration No. :
 Business Address :

 Telephone No. :
 Fax No. :
 E-mail Address :
 Date Incorporated :
 Board of Director :

Authorized Capital :
 Paid up Capital :
 Principal Banker :
 Company Secretary :
 Nature of Business :

Others (please specify) :

STATUS OF APPLICATION : Qualified
 Pending
 Disqualified

COMMENTS (if any) :

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Prepared by : Name : Date :	Verified by : Name : Date :	Approved by : Name : Date :
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