

THE LEVERAGE BUSINESS PARTNERS APPLICATION FORM

Personal Details

*Applicant's Name

Company Name

Occupation

*NRIC / Passport Gender Male Female

Date of Birth D M Y Marital Status Single Married Others

*Mailing Address

City Postcode State

*Mobile Numbers 1 - Office Numbers -

Mobile Numbers 2 - Fax Numbers -

Email Address

*Membership Card Collection By Post Self Collection (hotel location) _____

Mode of Payment Cash Debit Card Credit Card

*Compulsory To Fill In

Acknowledgement

I/We have read, understand and agree to accept and be bound by the terms and conditions which accompany this membership. These terms and conditions might subject to change by The Leverage Business Hotel and I/We will be notified in a manner as The Leverage Business Hotel deem appropriate. I/We confirm that the information given herein by me/us is true and complete.

Applicant Signature

Date

For Office Use Only

Staff Name: _____

Hotel Location: _____

Membership Centre: _____

Date Of Process : _____

Membership Card Numbers: _____