

MEMBERSHIP APPLICATION FORM

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1. COMPANY / ORGANISATION PROFILE

Company Name: _____

Business Address: _____

Com Reg. No. _____ Tel No. _____ Fax No. _____

Website: _____ Email: _____ No. of Employees: _____

Authorized Capital: _____ Issued Capital: _____ Approximate Annual Turnover: _____

Please tick (✓) relevant to your business:

Geological / Reservoir Consultant	
Geophysical Services	
Field development / Reservoir Management Services	
Project Management Consultant	
Offshore Design Consultant	
Naval / Marine Engineering Consultant	
Environmental Engineering Services	
Onshore Design Consultant	
QA / QC Services	
HSE Services	
Fabrication	
Onshore Construction	
Hook-up and Commissioning Contractor	
Offshore Installation Contractor	
Offshore Support Vessel Contractor	
FSO / FPSO Owner /Operator / Contractor	

Drilling Contractor	
Drilling Services	
Well Services / Well Completions	
Geological Lab Services	
Equipment Manufacturer	
Product Vendor	
Operation Maintenance Services	
Minor Fabrication / Repairs	
Underwater Services	
Asset Integrity Services	
Manpower Services	
Environmental Clean-Up / Waste Disposal	
General Building Maintenance Services	
Marine Vessel Services	
Cargo Tankers	
ICT and Integrated Operations	
Decommissioning Contractor	

Others (not listed above) _____

Summary - Main activities of company/organization: (please attach Company Profile)

 PETRONAS Licensed (if any): Yes or No

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Nature of business:

- Sole Proprietorship Partnership Private Limited Company Public Limited Company
 Association or Society Others (please specify) _____

2. COMPANY REPRESENTATIVES (IMPORTANT FOR ALL SOGSC COMMUNICATIONS)

2.1 Full name _____

Designation in company _____ Email _____

(This email address to be printed in the printed and online directory) Yes or No

Date of Birth ____ / ____ / ____ NRIC _____

(d d / m m / y y y y)

Office Tel _____ Mobile Phone _____

Please
Affix
Photo

2.2 Full name _____

Designation in company _____ Email _____

(This email address to be printed in the printed and online directory) Yes or No

Date of Birth ____ / ____ / ____ NRIC _____

(d d / m m / y y y y)

Office Tel _____ Mobile Phone _____

Please
Affix
Photo

2.3 Full name _____

Designation in company _____ Email _____

(This email address to be printed in the printed and online directory) Yes or No

Date of Birth ____ / ____ / ____ NRIC _____

(d d / m m / y y y y)

Office Tel _____ Mobile Phone _____

Please
Affix
Photo

5. DECLARATION

We declare that the information herein is true to the best of our knowledge and believe. Also enclosed are the following supporting documents:

- a) Certified true copy of the Company Registration (Borang D or Borang 9); and
- b) Company profile.

We agree to abide by all rules and regulations as stipulated in the Rules of Society.

.....
Signature of Applicant

.....
Date

Company stamp: