

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

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2.4 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

SOGSC reserves the right to publish information submitted, unless instructed otherwise.

3. MEMBERSHIP FEE

Entrance Fee RM1,000.00

Annual Subscription RM1,200.00

Note: Advance subscription fees of 3 years membership will be entitled to a 10% discount

3.1 PAYMENT

Please find enclosed our crossed cheque no. _____ for the total amount of RM2,200.00
made payable to Sabah Oil & Gas Services Council.

(Please note that this membership application can only be processed after payment is received)

Name of Finance Officer: _____ Email Address: _____

4. PROPOSER & SECONDER

Proposer and Seconder must be from the current members of SOGSC.

Proposer;

Seconder;

.....

.....

Name :

Name :

Company :

Company :

Company stamp:

Company stamp:

5. AUTHORIZED SIGNATORIES' RIGHTS TO ALL BANKING ACCOUNT

Please attach the list of signatories for the company's cheque together with the original specimen signature for the accounts that are still active.

Bank Name: Company's name:

Account Number: Account type:

It was confirmed that the following nominees have been authorized by the company to sign cheques for the account above

No.	Name	NRIC/Passport No.	Signature Specimen

Verified by (bank office signatory)

Original bank's stamp:

.....

.....

Name (Bank officer):

Date:

This section of the form must be **completed and verified by the bank**. If the applicant has more than one account bank, please make copy of this section of the form.

NOTE FOR THE BANK:

1. PLEASE CONFIRM AND UPDATE THE MAIN AUTHORIZED SIGNATORIES FOR THE BANK ACCOUNTS
2. KINDLY CLARIFY AND RECTIFY THE REQUIRED NUMBER OF SIGNATORIES FOR CHEQUE ISSUANCE AND BANK APPROVAL
3. NON-COMPLIANCE WITH THIS REQUIREMENT COULD AFFECT THE COMPANY'S MEMBERSHIP APPLICATION

6. 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: