Top Up Form

J2

Version 1.0

For Company / Individual Use

Company / Org. Name _____

Co./Bus. Reg. No. _____

_____

Bank in Date	_____
Total Bank In	_____
Bank's Name & Branch	_____
Account Number	_____
Bank In Slip Number	_____

SIGNATURE AND CHOP

For Officer (KOMMS) Use

Company Code _____

Current Balance _____

Top Up Balance _____

Top Up Date _____

Verified By :

Approved By :

Name :   *Name :*
Date :   *Date :*

PLEASE ATTACH THE BANK IN SLIP HERE

MONDAY TO FRIDAY, PLEASE FAX BANK IN SLIP AT 03-78868053 (9.00AM TO 5.00PM) CONTACT NO :03-78867053