



KOPERASI JAFFNESE BERHAD C.No. 26/24
 Wisma JCS, No. 40, Jalan Tun Sambanthan 3, 50470 Kuala Lumpur or
 Peti Surat 10265, 50708 Kuala Lumpur
 Tel : 03-2274 8759 & 22748760 Fax : 03-2274 8755 Whatsapp: 017-9883374
 e-mail: admin@jcs.org.my Website: http://www.jcs.org.my

FORM NO: 1A-3
 (Revised 01.01.2022)

Membership No:

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APPLICATION FOR MEMBERSHIP [Under Undang-undang Kecil 11(1) & (2)]
Setiausaha, Koperasi Jaffnese Berhad, I request to be a member of the Society.

[A] MEMBERSHIP APPLICATION – APPLICANT INFORMATION

1. Name (as per i/c)
2. I/C No:

 (attach a photocopy of IC – both sides)
3. Gender Male Female 4. Membership Type New Readmission(Old Mem No:.....)
5. Home Address :
6. Postcode :

 7. Town / State :
8. H/P No (Required):
9. House Tel No (Optional):
10. Email address (Required):
11. Occupation of Applicant:
12. Name of Parents / Sibling (if a current/past member) :
- a) Membership No:

 b) Relationship:
- c) Contact No:

[B] MEMBERSHIP SUBSCRIPTION FEES

- | | | | |
|---------------------------------|---|----|-------|
| <input type="checkbox"/> | New Member's Entrance Fee (compulsory payment of RM1.00) | RM | 1.00 |
| <input type="checkbox"/> | Readmission Member's Entrance Fee (compulsory payment of RM10.00) | RM | |
| <input type="checkbox"/> | 1 st month's subscription (Minimum monthly subscription of RM10.00 up to Maximum of RM100.00) | RM | |
| <input type="checkbox"/> | Payment for 1 share unit (Compulsory to have 1 share unit at RM10.00) | RM | 10.00 |
| <hr/> | | | |
| 16. TOTAL PAYMENT TO KJB | | | |
| <hr/> | | | |

[C] PAYMENT INFORMATION

17. Please tick any one mode of payment by which you wish to pay your dues:
- Direct at the JCS office counter
 - Online Banking / Direct Transfer to one of JCS Bank Account
 - ANGKASA
 - Standing instruction with bank

18. My total monthly dues to the Society shall be RM in respect of the following:

Subscription RM

Special Deposit RM

Special Deposit (Child) (in multiples of RM10.00) RM

[D] VERIFICATION OF APPLICANT

19. Signature of applicant : Date :

20. Name of Proposer : Mem no: Signature :

21. Name of Seconder : Mem no: Signature :

[E] IKRAR ANGGOTA (Under Undang-Undang Kecil 2)

22. Saya No. K.P:

- * akan terikat dengan Undang-undang Kechil Koperasi Jaffnese Berhad dan aturan-aturan aktiviti yang sedia ada serta apa-apa pindaan;
- * bukan seorang bankrap yang belum dilepaskan;
- * bukan seorang yang terhadapnya masih berkuatkuasa suatu sabitan bagi kesalahan yang boleh didaftar;
- * tidak pernah dibuang daripada keanggotaan mana-mana Koperasi dalam tempoh satu tahun; dan
- * adalah seorang warganegara Malaysia keturunan Jaffna menurut Undang-undang Kechil 2 Koperasi Jaffnese Berhad. ("Jaffnese" ertinya seorang warganegara keturunan Jaffna dan termasuklah anak-anak yang bapa atau ibunya dari keturunan Jaffna).

23. Signature of applicant : Date:

24. Name of witness to signature : Mem no: Signature :

25. [Checklist] I attach herewith (Please tick ✓)

- | | |
|--|--------------------------|
| [1] Completed and Signed Membership Form | <input type="checkbox"/> |
| [2] Completed and Signed Nomination Form | <input type="checkbox"/> |
| [3] Membership Fees (as per section B) | <input type="checkbox"/> |
| [4] A photocopy of Identification Card (i/c) – Both sides | <input type="checkbox"/> |
| [5] Details of house fixed line / hand-phone & email address | <input type="checkbox"/> |

For Official Use (to be filled by office)

Date application received Date membership approved

Temporary receipt no: Official receipt no:

Amount Received RM :

APPLICATION APPROVED / NOT APPROVED

Signature of Pengerusi Lembaga : Date member informed :

NOMINATION (Under Undang-Undang Kecil 18)

24. I hereby nominate the following person/persons to receive my share or interest or all other monies stated under section 24 of the Co-operative Societies Act 1993, that may be due to me on my death

Proportion Alloted

25. i) Name (as in I/C or B/C) as (fraction) or %
ii) I/C or B/C no: iii) Tel: / HP No: iv) Age (yrs) :
v) Relationship to member : vi) Mem no: . (if a KJB member)
vii) Address of nominee :
..... Postcode : Town :

26. i) Name (as in I/C or B/C) as (fraction) or %
ii) I/C or B/C no: iii) Tel: / HP No: iv) Age (yrs) :
v) Relationship to member : vi) Mem no: . (if a KJB member)
vii) Address of nominee :
..... Postcode : Town :

27. i) Name (as in I/C or B/C) as (fraction) or %
ii) I/C or B/C no: iii) Tel: / HP No: iv) Age (yrs) :
v) Relationship to member : vi) Mem no: . (if a KJB member)
vii) Address of nominee :
..... Postcode : Town :

Total as (fraction) 1.0 or %100

28. Signature of applicant Date :

29. Name of Proposer and Witness to signature of applicant :
Signature of Witness no 1 : Mem no: Tel no:

30. Name of Proposer and Witness to signature of applicant :
Signature of Witness no 2 : Mem no: Tel no:

Dated this (date) day of (month) (year) 20

Note : The proposer and seconder in items [17] and [18] can also be the witness to the applicant's signature in item [21].
They can also be the witness to the nominator's signature in items [28] and [29]
(provided that they are not one those beneficiaries nominated in items 24, 25 and 26)

THE NOMINATION FORM MUST BE COMPLETED TO ENABLE THE MEMBERSHIP APPLICATION TO BE CONSIDERED AND APPROVED EARLY.