



**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 10.02.2024)

Membership No:

**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"/> 1st 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 |
13. **TOTAL PAYMENT TO KJB** \_\_\_\_\_  
 (1st payment for new member must be a minimum RM11 plus one month's minimum subscription) \_\_\_\_\_

**[C] PAYMENT INFORMATION**

14. 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

15. 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 .....

Transfer of KJB Accounts – CIMB 8000-821-551, MAYBANK 564717515241 & PUBLIC BANK 3197779209

**[D] VERIFICATION OF APPLICANT**

16. Signature of applicant : ..... Date : .....

17. Name of Proposer : ..... Mem no: ..... Signature : .....

18. Name of Seconder : ..... Mem no: ..... Signature : .....

**At the minimum, either proposer or seconder must be Present/Past District Chairman or Secretary, Present/Past Board Member**

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

19. 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).

20. Signature of applicant : ..... Date: .....

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

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

- [1] Completed and Signed Membership Form
- [2] Completed and Signed Nomination Form
- [3] Membership Fees (as per section B)
- [4] A photocopy of Identification Card (i/c) – Both sides
- [5] Details of house fixed line / hand-phone & email address
- [6] Copy of documentary evidence for first time applicants & either parent is not a present/past KJB member

**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 : .....

**Note : KJB shall always reserve the right to accept/reject any application or request further information without having to give the application a justification. Failure to comply may result in the rejection of this application.**

**KOPERASI JAFFNESE BERHAD (C 26/24)**

யாழ்ப்பாணத்தவர் கூட்டுறவு சங்கம்

No 40, Jalan Tun Sambanthan 3, Brickfields 50470 Kuala Lumpur

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e-mail : [admin@jcs.org.my](mailto:admin@jcs.org.my) web page : [www.jcs.org.my](http://www.jcs.org.my)**FORM NO: 3A-1****NOMINATION (Under Undang-undang Kecil 18)**

1. Name (as per I/C) : .....
2. I/C no : ..... 3. Tel no: ..... H/P No: .....
4. Membership no : ..... 5. E-Mail Add: .....
6. Address : .....
7. I hereby nominate the following person/persons to receive my share or interest or the value of such 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 allotted**

8. 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: .....
9. 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: .....
10. 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%**

11. **Signature of nominator:** ..... Date: .....
12. Name of **Witness no. 1** to signature of nominator:.....  
**Signature of Witness no. 1:** ..... Mem no:..... Date: .....
13. Name of **Witness no. 2** to signature of nominator:.....  
**Signature of Witness no. 1:** ..... Mem no:..... Date: .....

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

**THE NOMINATION FORM MUST BE COMPLETED TO ENABLE THE MEMBERSHIP APPLICATION TO BE CONSIDERED AND APPROVED EARLY.****Note: All witnesses must be member of JCS & in benefit**Last Update 10<sup>th</sup> Feb 2024

