

BECOME A SUCCESSFUL OWNER MANAGER

REGISTRATION FORMS

PERSONAL DETAILS

FULL NAME (AS STATED IN YOUR IDENTITY CARD)

MALE FEMALE

DATE OF BIRTH

AGE

IC NUMBER

COLOR

POSTAL ADDRESS

POSTCODE

TELEPHONE NO

FAX NO

MOBILE NO

EMAIL

MARITAL STATUS

MARRIED

SINGLE

OCCIPATIONS

EMPLOYED (PLEASE STATE EMPLOYER ADDRESS AND NATURE OF WORK)

SELF-EMPLOYED (PLEASE STATE COMPANY NAME AND NATURE OF BUSINESS)

STUDENT (PLEASE STATE SCHOOL / COLLEGE / UNIVERSITY)

OTHERS (PLEASE SPECIFY)

HIGHEST EDUCATION ATTAINMENT (PLEASE SPECIFY)

IF YOU HAVE AN EXISTING BUSINESS IDEA OR CONCEPT, PLEASE DESCRIBE BRIEFLY BELOW:

HOW DID YOU HEAR ABOUT *LiveWIRE*?

NEWSPAPER WEBSITE FRIENDS FAMILY

OTHERS (PLEASE SPECIFY)

SIGNATURE AND DATE

FOR OFFICE USE ONLY

RECEIPT NUMBER



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