



# MALAYSIA PEST MANAGEMENT ASSOCIATION

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## MPMA MEMBERSHIP CHECKLIST

Full Company's Name:	
Business Address:	
Office Phone Number: Fax Number:	
Name of Nominated Person: Designation:	
E-mail Address:	
Handphone number:	
	<b><i>DOCUMENT NEED TO SUBMIT: KINDLY TICK (/) IF DOCUMENT COMPLETE</i></b>
Company Profile	
PCO License Number: Valid until:	
PAL License	
Storage License	
Form 9 , 24 & 49	
Other Form	

Approved On:

Rejected On:

Remark: