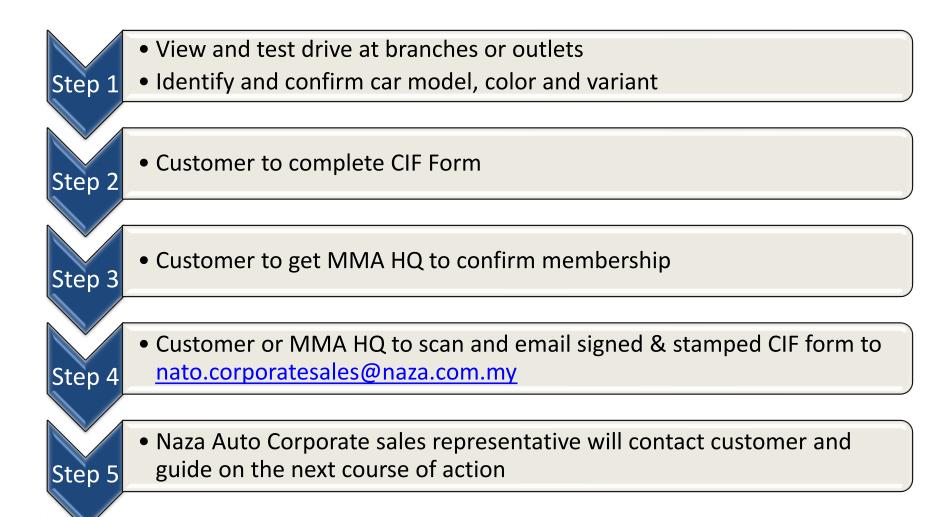


STANDARD OPERATING PROCEDURE -STAFF PURCHASE SCHEME-





• END

Step 6

NAZA Auto Sdn Bhd - CIF Form



	Information PARTNER IN	n Form (CIF) FORMATION			
Company Na	me: Malaysiar	Medical Associ	ation	155	
Mailing Address:	4 th Floor MMA House, 124 Jalan Pahang				
	53000 Kuala Lumpur				
Contact Nam	e: Rafikah No	rdin	101		
Contact's Em	nma.org.my	1	Contact's Pho 03-40411375	ext 113	
SECTION 2: Associate, P Owner's Full John Doe	otential Purch	eted by Eligible hase or Loyalty P	Corporate Par Purchase Title Doctor	tner/Employee, Professiona	
Email Address: johndoe@gmail.com			Phone: 012-345 6789		
participating Branch/Deale	Branch or De	saler	Branch/Deale		
Peugeot Mod	geot Model Date of Orde		Customer Delivery Date:		
Salesperson	Name:				
Sales Manag	er Name:				
Applied b	by : Verified by			Approved by:	
	. John Doe Oct 2017	Name: Dr.An Designation: Date: 10 th Oc Co. Stamp:	MMA Chairman	Name: Designation: Date:	
No. 15, John 7 Tec: 602-000	Notation Cities, Selection Cit. Sellet, Plan: 600-6000 600	42160 Shah Asen, Selanger De F Website: www.naza.com.ny	nai Etnam.	RIA MOTORS DISTRICTS PROC	

Supporting Documents Required

For Individual Registration

- 1. Signed and stamped CIF Form
- NRIC
- 3. Driving license
- 4. Passport and Employment/Contract Letter (foreigners)
- 5. 3 months Salary Slip
- 6. 3 months bank statement
- 7. Latest EA Form

Note: Local guarantor is compulsory for foreigner and guarantor need to submit documents as per item 2, 5 and 6

NAZA AUTO SDN BHD Corporate Sales Program Customer Information Form (CIF)							
	RTNER INFORMAT						
Company Name							
Mailing Address:							
Contact Name:							
Contact's Email Address:			Contact's Phone:				
	be completed by ntial Purchase or		Corporate Partner/Employee, Professional urchase				
Owner's Full Nar	ne:		Title:				
Email Address:			Phone:				
Mailing Address:		1					
Section 3: To I participating Br		the Naza	Auto Sdn Bhd Corporate Sales Program				
Branch/Dealer Name:			Branch/Dealer Location:				
Car Brand	Date	of Order:	Customer Delivery Date:				
Model / Variant /	Colour		,				
Sales Manager N	lame:						
Applied by:	V	erified by:	Approved by:				
Name : Date :	De	ame : esignation : ate :	Name : Designation : Date :				



