



## ACKNOWLEDGEMENT REGISTRATION FORM

Today's date:		REF:			
ORGANIZATION INFORMATION					
Organization Name: Business Reg No:		☐ Sdn Bhd☐ Sole Prop	□ NGO □ Individual	Others: (Please state)	
Person In Charge Name:	Designation:		NRIC:		Contact No.:
Finance Dept. Person In Charge Name: (If applicable only)	Designation:		NRIC:		Contact No.:
Organization Bank Name:	Account Name:		Account No:		
Remarks:					
EVENT INFORMATION					
Event Name:			Category & Type:		
Venue:			Part of Venue (if applicable):		
Admission Type:  General Admission  Reserved Seating  Free Event			Date : ☐ One-time Event ☐ Period :  Fee : ☐ Pass On ☐ Absorb ☐ Others:		
Performances (s): [Date / Time]					
Ticket Name:	Ticket Selling Price:	☐ incl GST☐ Not Incl GST	Remark:		Capacity:
DECLARATION					
I/We, the undersigned hereby to declare that to the best of our knowledge and belief, all the particulars given are true. Cloudhax Sdn Bhd are allowed to use the above information for the setup of event.			Signature & Company Stamp		
Received / Attended by:		Remarks:			