Membership Activation Form/Borang Pengaktifan Keahlian

Dear Valued Members,
Welcome to the Sri Vacations Club where we "Enlightening Your Travel Experiences". Please fill-up this form and return it in the replied paid envelope or fax to us. Once we have received your form, your membership will be activated and you can start enjoying the wide wange of benefits. We would like to thank you for choosing Sri Vacations Club as your preferred holiday organiser. You are not eligible to enjoy SVC privilege if you failed to sign this form.

MEMBERS DETAIL / BUTIR-BUTIR AHLI

NAME (AS PER IC)
Nama (seperti IC) _____

IDENTITY CARD No. /
Nombor Kad Pengenalan _____

RACE /
Bangsa _____ SEX /
Jantina _____

ADDRESS /
Alamat _____

_____

_____

TELEPHONE (HOME)
Telefon Rumah _____

HANDPHONE
Telefon Bimbit _____

TELEPHONE (OFFICE)
Telefon (Pejabat) _____

FAX No. / Faksimili _____

EMAIL ADDRESS /
Alamat Email _____

VEHICLE PARTICULARS/MAKLUMAT KENDERAAN

CAR MODEL /
Model Kereta _____

COLOUR KERETA /
Warna Kereta _____

REGISTRATION NO. /
No. Pendaftaran _____

INSURANCE/ROADTAX EXPIRY DATE
Tarikh Luput Insurans/Cukai Jalan _____

CONFIRMATION OF PAYMENT & DECLARATION
PENGESAHAN PEMBAYARAN & DEKLARASI

I hereby agree and certify that the information on this form is true and accurate. I agree to abide to all the Rules and Regulations of SRI VACATIONS CLUB (SVC) and agree to waive and release and any rights or claims to damages that I may have against them.
(Saya dengan ini bersetuju dan mengakui bahawa maklumat yang disertakan adalah benar dan tepat. Saya bersetuju untuk mematuhi dan menerima Syarat dan Terma SRI VACATIONS CLUB (SVC) dan bersetuju melepaskan sebarang tuntutan atau hak ke atas sebarang kerosakan atau tuntutan terhadap SVC).

BY CREDIT CARD / Pembayaran Melalui Kredit Kad
I hereby confirm payment and permit Vector Armada Sdn Bhd to debit my Visa/MasterCard Account no. indicated below for RM488.00 only.
(Saya dengan ini men gesahkan pembayaran dan membenarkan Vector Armada Sdn Bhd untuk mendebitkan akaun Visa/MasterCard saya sebanyak RM488.00 sahaja)

CREDIT CARD NO. / No Kredit Kad

CARDHOLDER NAME / Nama Pemegang Kad

_____

SIGNATURE / Tandatangan

Expiry Date / Tarikh Luput _____

Date / Tarikh _____

BY CHEQUE / Pembayaran melalui Cek

Kindly include crossed cheque payments make to Vector Armada Sdn Bhd
(Sila sertakan cek berpalang atas nama Vector Armada Sdn Bhd)

CHEQUE NO. / Nombor Cek _____ BANK _____

BANK-IN / Pembayaran melalui Bank

Kindly make payment to Maybank Account for VECTOR ARMADA SDN BHD - Account No. MBB5140-7513-3492
(Sila masukkan wang tunai ke dalam Akaun Maybank atas nama VECTOR ARMADA SDN BHD - No. akaun MBB5140-7513-3492)

Note: Please enclose or fax your bank-in slip to us after make payment
(Sila sertakan atau faks bersama-sama dengan borang ini kepada kami selepas membuat pembayaran)

Membership Activation Form must be posted to Vector Armada Sdn Bhd:
(Borang Pengaktifan Keahlian hendaklah diposkan kepada Vector Armada)
VECTOR ARMADA SDN BHD
9th Floor, Tower Block, Plaza Pekeliling
No. 2 Jalan Tun Razak
50400 Kuala Lumpur, Malaysia

Kindly use the Replied Paid Envelope enclosed within
(Sila gunakan sampul surat berbayar yang dikepilkan bersama-sama borang ini)

OR kindly fax your form to us at 603-2775 5702
(ATAU sila fakskan borang kepada kami di faks no. 603-2775 5702)

For further information, kindly email to us at cservice@vectorarmada.com.my, call us at 603-4043 1121 or call our Members Department at 603-2775 5701
(Untuk maklumat lanjut, sila emailkan kepada cservice@srivacations.com.my, hubungi kami di talian 603-4043 1121 atau hubungi Jabatan Keahlian di talian 603-2775 5701)
Kindly surf our website at http://www.srivacations.com.my
(Sila layari laman web kami di http://www.srivacations.com.my

ADDITIONAL INFORMATION / INFORMASI

Please complete all sections as a confirmation of your payment. You will be charged of flat fee of RM488.00 [Ringgit Malaysia: Four Hundred Eighty Eight]
(Sila isikan semua keterangan bagi tujuan pengesahan pembayaran. Ahli akan dikenakan yuran keahlian sebanyak RM488.00 sahaja
[Ringgit Malaysia: Empat Ratus Lapan Puluh Lapan]

FOR OFFICE USE / UNTUK KEGUNAAN PEJABAT

DATE RECEIVED /
Tarikh Diterima _____

MODE OF PAYMENT /
Cara Pembayaran | CC | CHQ | BANK |

PAYMENT NO.
No. Pembayaran _____ AMOUNT /
Jumlah _____

MEMBERSHIP NO /
No. Keahlian _____ EXPIRY /
Tarikh Luput _____

SALES STAFF _____ MEMBERS STAFF _____

In order to proceed with the Complementary Insurance Coverage, please send this form at the soonest possible. Insurance Coverage will be processed 14 days after received
(Bagi menikmati Perlindungan Insurans secara percuma, sila hantarkan borang ini secepat mungkin. Ianya akan diproses dalam masa 14 hari dari tarikh borang ini diterima)