

Myanmar Food Processors and Exporters Association Membership Data Form

1.	Company / Organization :				
2.	Company Registration No:			Date:	
3.	Paid up Capital :				
4.	No of Employee :				
5.	Contact Person:.....				
	Please, Fill Name & Check Designation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		M.D	Director	C.E.C	G.M Proprietor
6.	Office Address :				
7.	Telephone:	Fax:	E-mail:		
8.	Factory Address :				
9.	Telephone:	Fax:	E-mail:		
10.	Type of Business :	Manufacturing <input type="checkbox"/>	Trading <input type="checkbox"/>	Services <input type="checkbox"/>	
	Product Manufacture	(1) _____			
		(2) _____			
		(3) _____			
		(4) _____			
		(5) _____			
	Trading	(1) _____			
	(Product Group)	(2) _____			
		(3) _____			
		(4) _____			
		(5) _____			
	Services	(1) _____			
		(2) _____			
		(3) _____			
		(4) _____			
		(5) _____			

Signature

Name