

PARTNERS REGISTRATION FORM

Please read and complete ALL sections.

Travel Agent/ Partners Information (print or type)

Travel Agency Name: _____

Nature / Type of business/ product: _____

MOTAC License Number: _____ Category: _____

Street Address: _____

City: _____ State: _____

Postal code: _____ Telephone: _____

GST Number (if applicable) : _____ Email: _____

Key Contact Person 1

Name: _____ Designation: _____

Phone (office) _____ Phone (mobile): _____

Email: _____

Key Contact Person 2

Name: _____ Designation: _____

Phone (office) _____ Phone (mobile): _____

Email: _____

All of the information that I have provided on this form is correct to the best of my knowledge and I am authorized to submit this registration.

I understand that this application is subject to approval. I authorize 2Spicy Entertainment to make any inquiries that it considers appropriate to determine if it should pay me commissions. This may include verification of employment.

I acknowledge and accept the terms and conditions posted on Dinner In the Sky Malaysia Website: <http://dinnerinthesky.my/?p=terms>

Signature:

Date:

Company Stamp:

TwoSpicy Entertainment Live Sdn Bhd

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