

MEMBERSHIP APPLICATION FORM - CORPORATE

New Application (Please Tick ✓ Wherever Applicable)

Renewal

SECTION 1	MEMBERSHIP TYPE			
TYPE OF MEMBERSHIP	TOTAL EMPLOYEE	FEE STRUCTURE (RM) EXCLUDING SST	VOTING RIGHT	TICK WHERE APPLICABLE
Corporate Members	50 and below	2,000.00	1	
	51 to 99	3,000.00	1	
	100 and above	5,000.00	1	

SECTION 2	COMPANY GENERAL INFORMATION			
Contact Centre Type	In-House		MSC Status (Yes/No)	
	Outsourced BPO			
	Shared Services			
Company Name				
Company Registration No.				
Company Address				
Office Tel No.				
Website				

SECTION 3	DEPARTMENT INFORMATION
Department Name	
Head of Department	
Designation	
Email	
Mobile No.	
Direct Line No.	

SECTION 4	CONTACT PERSON FOR LIASON ON CCAM MATTERS		
Details	Contact 1: Primary	Contact 1: Secondary	Contact 3: Invoicing
Name			
Designation			
Email			
Mobile No			
Direct Line No.			

SECTION 5	TYPE OF BUSINESS (PLEASE TICK ✓ WHERE APPLICABLE)		
Telecommunication	<input type="checkbox"/>	Bank	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Government Agencies	<input type="checkbox"/>
Logistic	<input type="checkbox"/>	Utilities	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	Food & Beverage	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	Broadcasting	<input type="checkbox"/>
Oil and Gas	<input type="checkbox"/>	Information, Communication & Technology (ICT)	<input type="checkbox"/>
Education	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Outsourcing/BPO	<input type="checkbox"/>	Consultancy	<input type="checkbox"/>
Solution Provider	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Others (Please Specify)	<input type="text"/>		

SECTION 6	MEMBER CORPORATE LOGO
Kindly provide us with your corporate logo in A.i. format which will be used on our website under Members Parade.	

SECTION 7	PAYMENT MODE
<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Others (please specify below)	
<input type="text"/>	

Please ensure you have provided us the contact details of the person-in-charge of invoicing and payment provided in SECTION 1 above.

Please attach your Organization Chart*

- The organization chart must clearly illustrate the Organization latest Hierarchy with the names of the key people.
- If there are multiple Call Centers in the organization, then this must be clearly identified and illustrated in the organization chart.
- Please attach photos of your call floor.

Personal Data Protection Act

As part of our compliance with the Malaysia Personal Data Protection Act 2010 (PDPA), Contact Centre Association of Malaysia (CCAM) requests the applicant/member to read and understand our PDPA Notice regarding how we may process your personal information and/or any other information provided to CCAM by virtue of your engagement with CCAM.

To obtain more information, our privacy policy can be viewed and downloaded from the membership section of our website at www.ccam.org.my

By signing the below, you have indicated to acknowledge your acceptance and understanding of this notice.

Member Declaration and Acknowledgement

I/We hereby declare that all information stated above is correct and agree to: -

- Provide permission to the Association to publish (online / printed) our Organization Details.
- Accept any incoming correspondence related to the Association.
- Acknowledge that the Contact Centre Association of Malaysia (CCAM) logo and branding remain the sole property of CCAM. I/We shall not reproduce, publish, display, or use the CCAM logo or branding in any form of marketing, promotional, digital, social media, website, publicity, or communication materials without the prior written consent of CCAM.

Thank you.

.....

Name:

Designation:

Date:

.....

Official Stamp

* e-signature and e-stamp are accepted as official declaration.