

# AUDIT BUREAU OF CIRCULATIONS

## MEMBERSHIP APPLICATION FORM

To the Secretary  
AUDIT BUREAU OF CIRCULATIONS

We the undersigned, hereby and herein apply to the Audit Bureau of Circulations subject to approval of the Board.

When admitted, We undertake to abide by the Memorandum and Articles of Association of the Company, and to observe the rules and Regulations governing the working of the Bureau as laid down from time to time.

*The Audit Bureau of Circulations is a Company Limited by Guarantee, and having a Share Capital. The only possible financial liability attaching to members other than their annual subscription is one of not exceeding five ringgit per member in the event of the winding up of the Company Par 8 of the "Memorandum."*

To the Secretary  
AUDIT BUREAU OF CIRCULATIONS

We declare that the correct amount of our Annual Subscription to the Audit Bureau of Circulations, according to the scale laid down by the Board of Directors, is

Ringgit.....

*(Members may join at any time throughout the year. Subscriptions are due on January 1<sup>st</sup> of each fiscal year.)*

Cheque Ringgit : .....enclosed herewith.

Signed By : .....

Authorized Signatory : .....Designation: .....

Name of Applicant/Publication: .....

Address : .....

.....

Date : .....



# SHARE APPLICATION FORM

The Directors  
AUDIT BUREAU OF CIRCULATIONS

Dear Sirs,

1. We hereby apply for one share of RM1/- each in AUDIT BUREAU OF CIRCULATIONS and attach a remittance for the amount being the total of the application money payable in respect of the said share.
2. We agree to accept the share which may be allotted to us subject to the Memorandum and Articles of Association of the company.
3. We hereby irrevocable authorize you to place our name on the Register of Members of the Company in respect of the share allotted to us as aforesaid.
4. We declare that:-

\*We are residents of Malaysia

\*We are residents of ..... (country)

\*We are nominees of a person resident in ..... (country)

DATE : .....

SIGNATURE : .....

FULL NAME OF APPLICANT: .....

DESIGNATION : .....

ADDRESS OF APPLICANT : .....

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.....

\*delete whichever is not applicable



# AUDIT BUREAU OF CIRCULATIONS

## INFORMATION FORM

### MAGAZINE

1. Name of publication:.....

2. KDN permit no:      Paid (      )      Free (      )

3. Language of publication:.....

4. Type of publication: .....

5. Frequency of publication: .....

6. Date first published: .....

7. Continuity of publication since first published (indicate period of interruptions/suspension of publications):.....

8. Area of Coverage: Peninsular Malaysia (   ) Sabah (   ) Sarawak (   ) Overseas (   )

9. Cover price per copy:.....

10. Page size (trim size): .....

11. Average pagination: .....

12. Publisher:

Name .....

Address .....

.....

Telephone no: ..... Fax no: .....

Email: ..... Website: .....



13. Address at which circulation records are stored if different from Item 12.

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.....

Telno: ..... Fax no: .....

Email: .....

14. Authorized representatives to ABC:

Name: ..... Name: .....

Position:..... Position: .....

Telephone no: ..... Telephone no: .....

Fax no: ..... Fax no:.....

Email: ..... Email: .....

15. Circulation Auditor:

Name:.....

Address:.....

Telephoneno: ..... Fax no: .....

Email: .....

16. Period of initialaudit returns: .....

17. Period of subsequent audit returns.....

18. Annual subscription rates of publication:

a) Malaysia: .....b) Overseas: .....



19. Summary of Submitted Audit Returns:

Period:.....

Quantity of distribution:

(a) Total:.....

(b) Normal trade outlets:.....

(c) Paid subscription:.....

(d) Free Postal: .....

(e) Others(give details):.....

.....

20. Free/Controlled Circulation

(a) Sources from which distribution are compiled: .....

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(b) Profile of readers of controlled circulation:

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21. Other Details of Publisher:

Company registration no:..... Business registration no:.....

Date and place of incorporation:.....



Shareholding: Bumiputra :.....%

Chinese :.....%

Indian :.....%

Others :.....%

Non Resident :.....%

Signed on behalf of publisher: .....

Name:.....

Position:..... Date: .....

**OFFICE USE ONLY**

Date of fees received :.....

Date of approval by the Board : .....