THE INCORPORATED SOCIETY OF PLANTERS

PERGABONGAN PERSATUAN PELADANG
Company No.275-T

SUITE 3A01, LEVEL 3A, PJ TOWER, AMCORP TRADE CENTRE, 18 PERSIARAN BARAT, 46050 PETALING JAYA, SELANGOR
Tel: 03-7955 5561 Fax: 03-7956 6898 Email: isphq@isp.org.my Website: www.isp.org.my

To: ALL ORDINARY MEMBERS **7 December 2018**

REVISION OF MEMBERSHIP SUBSCRIPTION WITH EFFECT FROM 2019

This is to inform members that the annual membership subscription will be increased with effect from 2019. It was approved during Annual General Meeting held at Hotel Istana Kuala Lumpur on 15th July 2018. In accordance to ISP's Memorandum, Articles of Association of ISP, annual subscription is due and payable in full in January of the new year.

The annual membership fee will be RM200.00 for members residing in Malaysia and USD85.00 for members residing overseas.

On 1 December 2018, The Board of Directors had approved a proposal to give a discount of 10% to member who pays the 2019 annual subscription before 31 January 2019. The discount is also extended to defaulter and 'Struck off' members who would like to rejoin. The amount to be paid are as per attached table at the back.

ISP would like to thank those members who grab this incentive to pay up their subscription.

Yours faithfully,

ZAINAL ABIDIN BIN SHARIFF
Chief Executive

(ISP Bank Details)
AMBANK ISLAMIC BERHAD
(A/C No. 8881023043391)
The Incorporated Society of Planters

Swift Code - ARBKMYKL

Kindly fax/email the bank advice to us.

REMITTANCE FORM

The Chief Executive
The Incorporated Society of Planters
P O Box 10262
50708 Kuala Lumpur

Dear Sir,

MEMBERSHIP SUBSCRIPTION 2019

1. I enclose cheque/draft/MO/PO/* No.: _____ for RM/USD _____
(* payable to **"THE INCORPORATED SOCIETY OF PLANTERS"**)
(Ambank Islamic Berhad – A/C No. 8881023043391. (Kindly fax/email the bank advice to ISP)

2. Please charge RM/USD _____ to my Visa / Master Card:

No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: _____
month / year

3. Kindly indicate if you wish your future membership subscription to be charged annually using the same credit card number. Thank you. **YES / NO** (*Delete where applicable)

Name: _____ Membership No: _____

Tel No: _____ Fax No: _____ e-mail: _____

Signature: _____ Date: _____

2019 : 100 YEARS ANNIVERSARY