

Form B
REGISTRATION OF CHANGES OF BUSINESS
PARTICULARS - PORTAL
REGISTRATION OF BUSINESSES RULES 1957 (RULE 6)

Reference No:

XX-XXXXXXXXXXXX

BUSINESS REGISTRATION NUMBER

XXXXXXXX-X

BUSINESS NAME

XXXX XXXXX XXXX XXXXXXXXXXXX

CHANGES OF PRINCIPAL BUSINESS ADDRESS

NEW BUSINESS ADDRESS

X XX XXXXX XXXXX XX, XXXXXXXX XXXX
XXXXXXXXXX XXXXXXXX XXXX, XXX XXXXXXXX XXXX,

TOWN XXXXXXXX

POSTCODE XXXXX

STATE XXXXXXXX

TELEPHONE

FAX XXXXXXXXXX
XXX.XXX

E-MAIL

NEW POST ADDRESS

X XX XXXXX XXXXX XX, XXXXXXXX XXXX
XXXXXXXXXX XXXXXXXX XXXX, XXX XXXXXXXX XXXX,

TOWN XXXXXXXX

POSTCODE XXXXX

STATE XXXXXXXX

AMENDMENT DATE
(dd/mm/yyyy)

XX/XX/XXXX



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Scan to verify

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Printing Date: 11-11-2025

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MENARA SSM@SENTRAL, NO. 7 JALAN STESEN SENTRAL 5, KUALA LUMPUR SENTRAL, 50623 KUALA LUMPUR.
Tel: 03-7721 4000 Fax: 03-7721 4001

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CHANGES IN TYPE OF BUSINESS (Specify type of business carried out)

-No Changes-

SAMPLE ONLY



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CHANGES OF PARTICULARS ON BRANCHES

-No Changes-

SAMPLE ONLY



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CHANGES OF INFORMATION OF OWNER

-No Changes-

SAMPLE ONLY



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XX-XXXXXXXXXXXXXX

VERIFICATION BY OWNER/PARTNER(S) (* Mandatory field)

I/We confirm the accuracy of all the statements made in the form lodged pursuant to the Rules and section 22A of the Registration of Businesses Act 1956 and declare that I/We am/are the owner/partner(s) of the business the name of which is

XXXX XXXX XXXX XXXXXXXXXXXX	
* NAME	XXXX XXXX XXXX
* PERSONAL IDENTIFICATION NO.	XXXXXXXXXXXXXX
* ADDRESS	XX XXXXX XXXX XXXXXX X XXXXX XXXX XXXXXX
TOWN	XXXXXX XXXXXXXX
POSTCODE	XXXXXX
STATE	XXXXXX XXXXXX
* E-MAIL	XXXXXX XXXXXX
* TELEPHONE	XXXXXX XXXXXX
FAX	

SAMPLE ONLY



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XX-XXXXXXXXXXXXXX

VERIFICATION BY OWNER/PARTNER(S)

NO	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
1	XXXX XXXX XXXX	XXXXXXXXXXXXXX	XXXX	VERIFIED

SAMPLE ONLY



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