



FILSCAP LICENSE APPLICATION FORM

SPA / GYM / SALON / CLINIC

Date of Application _____

COMPANY DETAILS:

Establishment Name _____

Address _____

Telephone Number _____ Fax Number _____

Business Name _____

Address _____

TIN Number _____

Representative _____

Designation _____

Mobile Number _____ Email Address _____

Signatory _____

Designation _____

DETAILS FOR ASSESSMENT:

TYPE OF ESTABLISHMENT

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Spa | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Salon | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Others: _____ | |

Location/Branch	Area in sq.m.	No. of Audio-Visual Screens

*Use a separate sheet if necessary

Signature over Printed Name _____