



Contact Centre Association of Malaysia (CCAM)

(Reg. No. PPM-001-10-04071999)(GST CBP Reg. No. 000698245120)

Unit H-09-03,
Block H, Plaza Kelana Jaya,
Jalan SS7/13A, 47301 Petaling Jaya,
Selangor Darul Ehsan, Malaysia.

Tel: 6(03) 7874 5580
Fax: 6(03) 7865 9935
Email: ccam_secretariat@ccam.com.my
Website: http://www.ccam.com.my

Facebook: Contact Centre Association of Malaysia

MEMBERSHIP APPLICATION FORM

New Application (Please Tick ✓ Wherever Applicable)

Renewal Current Membership No

SECTION 1		MEMBERSHIP CATEGORY		
TYPE OF MEMBERSHIP	TOTAL EMPLOYEES	FEE STRUCTURE (RM) Excluding GST	VOTING RIGHT	TICK WHERE APPLICABLE
Ordinary Members (Corporate)	50 and below	2,000.00	2	
	51 to 99	3,000.00	3	
	100 and above	5,000.00	5	
Associate Members	-	2,000.00	2	
Individual Members	-	100.00	-	

DEFINITION OF MEMBERS CATEGORY	
Ordinary Members (Corporate)	<p>A) Ordinary Member</p> <p>a) Companies that operate a Contact Centre (known as Corporate).</p> <p>b) The Ordinary Member has the rights to vote as described under Clause 5.1(B) Membership categories for Ordinary Members and may hold office in the Executive Committee (EXCO).</p>
Associate Members	<p>B) Associate Member</p> <p>a) All vendors and suppliers dealing with Contact Centre organization in Malaysia (must be a corporate body).</p> <ul style="list-style-type: none"> • Users/Employee of vendors or suppliers dealing with Contact Centre Organizations which the company is not a member (will be classified as Individual Member). <p>b) An Associate Member is eligible to nominate two (2) of its employees related to their Contact Centre as their representative Ordinary Member to the Association.</p> <p>c) The Associate Member has two (2) voting rights as described under Clause 5.1(A) Membership categories for Associate Members and may hold office in the Executive Committee (EXCO).</p>
Individual Members	<p>C) Individual Member</p> <p>a) Individuals residing in Malaysia.</p> <p>b) Individuals working in an organization that has a Contact Centre operation. Limited to one (1) membership per organization.</p> <p>c) Individuals studying in areas relating to Contact Centre industry.</p> <p>d) The Individual Member has no voting rights as described under Clause 5.1(C) Membership categories for Individual Members and may be voted in as Executive Committee (EXCO) but not as Office Bearers (OB).</p>



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SECTION 2 COMPANY GENERAL INFORMATION						
Contact Centre Type	IN-HOUSE		OTHERS (Please Specify)			
	OUTSOURCE					
Company Name						
Business /Company Registration No.				Website		
Company Full Address						
Office Tel. No.	# 1		# 2		Facsimile	

SECTION 3 DEPARTMENT INFORMATION			
Department Name/ Unit			
Head of Department Name		NRIC No. / Passport No.	
Designation		Mobile No.	
Direct Line No.		E-mail	

SECTION 4 LIST 3 KEY CONTACT PERSON NAME FOR LIASION ON CCAM MATTERS			
Details	Contact 1: Primarily	Contact 2: Secondary	Contact 3: Invoicing
Name (as per IC)			
NRIC / Passport No			
Designation			
Email address			
Office (DL)			
Mobile No			
Office Fax No			



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SECTION 5 TYPE OF BUSINESS <i>(Please tick ✓ where applicable)</i>			
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"/>	Restaurant	<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	<input type="checkbox"/>	Consultancy	<input type="checkbox"/>
Solution Provider	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Others (Please Specify)	<input type="checkbox"/>		

SECTION 6 CONTACT CENTRE DETAILS	
Total No of Contact Centre within your Organization	<input type="text"/>
How many Service Counter(s) in your Organization?	<input type="text"/>
Total No of Service Counter in your Contact Centre	<input type="text"/>
Total No of Employees in your Contact Centre	<input type="text"/>
What type of calls your Contact Centre handle?	<input type="text"/>

SECTION 7 PREFERRED PAYMENT MODE *(Please tick ✓ where applicable)*

Cash	<input type="checkbox"/>	Please ensure you have provided us the contact details of the person-in-charged of invoicing and payment provided in SECTION 4 above.
Cheque	<input type="checkbox"/>	
Bank Transfer	<input type="checkbox"/>	
Others (please specify below)	<input type="checkbox"/>	



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Please kindly attached 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.

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 understood our PDPA Notice regarding how we may process your personal information and/or any other information provided to CCAM by virtual 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.com.my

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

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

- Provide the permission to the Association to publish (online / printed) our Organization Details.
- Accept any incoming correspondence related to the Association.

Thank you.

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Name :

.....
Official Stamp

Designation :

Date :