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

☐ Spa ☐ Gym

☐ Salon ☐ Clinic

☐ Others: _____

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

*Use a separate sheet if necessary

Please submit a copy of the following together with the filled-up application form:

-Corporate Secretary Certificate (if applicable)

-Any government issued ID of the signatory

Signature over Printed Name _____

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