

Form A
REGISTRATION OF BUSINESS RULES 1957
[RULE 3] - PORTAL
BUSINESS REGISTRATION

Reference No:

EB-A2024022200479

(* Mandatory Field)

NAME APPROVAL NO.

EB-A2024022200479

I/We the person(s) responsible submit for registration of the following particulars regarding the under-mentioned business.

INFORMATION OF BUSINESS (* Mandatory field)

1. * BUSINESS NAME

VEDASTRO ENTERPRISE

2. A) * DATE OF COMMENCEMENT OF BUSINESS
(dd/mm/yyyy)

22/02/2024

B) * REGISTRATION
PERIOD

1

YEARS

3. * PARTNERSHIP AGREEMENT
(If yes, upload the copy of agreement)

NO

DATE
(dd/mm/yyyy)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

7, HALA PENGKALAN TIMUR 8A
TAMAN PENGKALAN PUTERI

TOWN

IPOH

POSTCODE

31650

STATE

PERAK

5. * TELEPHONE

01113395387

FAX

6. E-MAIL

vignes@live.com.my

7. CORRESPONDENCE ADDRESS
(if different from above)

7, HALA PENGKALAN TIMUR 8A
TAMAN PENGKALAN PUTERI

TOWN

IPOH

POSTCODE

31650

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INFORMATION OF BRANCHES (* Mandatory field)

* NO OF BRANCHES 0

NO	BRANCH ADDRESS	TOWN	POSTCODE	STATE
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INFORMATION TYPE OF BUSINESS (* Please fill in at least 1)

BUSINESS DESCRIPTION

COMPUTER SOFTWARE PROGRAMING & SERVICES

NO	BUSINESS TYPE (CODE)	DESCRIPTION
1	47912	JUALAN RUNCIT SEBARANG JENIS PRODUK MELALUI INTERNET (RETAIL SALE OF ANY KIND OF PRODUCT OVER THE INTERNET)
2	62010	AKTIVITI PENGATURCARAAN KOMPUTER (COMPUTER PROGRAMMING ACTIVITIES)

SUBMISSION DATE
(dd/mm/yyyy)

22/02/2024

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INFORMATION OF OWNERS (* Mandatory field)

1.*NAME OF OWNER	VIKNESH A/L ANBANANTHAN		
2. *DATE OF BIRTH (dd/mm/yyyy)	23/04/1994		
3. *NATIONALITY	MALAYSIAN		
	IF PERMANENT RESIDENT, STATE COUNTRY OF ORIGIN		
4. *PERSONAL IDENTIFICATION NO	OLD		5.*COLOUR BLUE
	MYKAD	940423085051	
	MYPR		
	PASSPORT		
	POLICE		
	ARMY		
6.*SEX	Male		
7.*RACE	INDIA		
8.*RESIDENTIAL ADDRESS	7, HALA PENGKALAN TIMUR 8A TAMAN PENGKALAN PUTERI		
	9.*TOWN	IPOH	
	10.*POSTCODE	31650	
	11.*STATE	PERAK	
12.TELEPHONE	01113395387	FAX	
13.E-MAIL	vignes@live.com.my		
14.*OWNERSHIP	SOLE PROPRIETORSHIP		
SUBMISSION DATE (dd/mm/yyyy)	22/02/2024		

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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

VEDASTRO ENTERPRISE

* NAME	VIKNEISH A/L ANBANANTHAN		
* PERSONAL IDENTIFICATION NO.	940423085051	* COLOUR	BLUE
* ADDRESS	7, HALA PENGKALAN TIMUR 8A TAMAN PENGKALAN PUTERI		
TOWN	IPOH		
POSTCODE	31650		
STATE	PERAK		
* E-MAIL	vignes@live.com.my		
* TELEPHONE	01113395387		
FAX			

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VERIFICATION BY OWNER/PARTNER(S)

NO.	NAME	IDENTITY CARD NO	COLOUR	SIGNATURE
1	VIKNESH A/L ANBANANTHAN	940423085051	BLUE	vignes@live.com.my