



**Super Form Application for Registration of Business in Sarawak**  
**Local Authority: Sibü Rural District Council**  
**District: Sibü**  
**Division: Sibü**

**Application Part Requirements by License Type**

[please (✓) on the type of licence required]

1.	<b>For all applications, including BNR Applicant, mandatory to complete Part A, Part B and Part E</b>	✓
2.	For application of BNR, TL & OL please complete Part C and Part D	
3.	For application of TL or BNR and TL, please complete Part C	
4.	For application of TL and OL, please complete Part C and Part D	
5.	For application of OL, please complete Part D	

**Note : BNR = Business Name Registration, TL = Trade Licence, OL = Operating Licence**

**A. GENERAL INFORMATION APPLICANT** [Compulsory to fill in]

<b>Sarawak ID: (If applicable)</b>	
<b>Name as in MYKAD / MYPR:</b>	
<b>MYKAD / MYPR Number:</b>	
<b>Home Address:</b>	
<b>Contact Number:</b>	
<b>Handphone Number:</b>	
<b>Email:</b>	

**B. BUSINESS NAME APPLICATION** [Compulsory to fill in]

**B1 For Applicant of Business Name Registration**

I am applying to use one of the business names below:

No	Business Name	Approved? (For Office Use)
1		
2		
3		

Kindly conduct a preliminary search for your proposed business name via  
<https://erndo2.sarawak.gov.my/erndo/>.

**B2 For Applicant of Trade Licence and Operation Licence only**

Business Name:	
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**B3 Nature of Business:**

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**B4 Description of the type of business carried out** (According to the proposed business name):


**B5. Business Address (P.O. Box is not allowed):**

<b>No Lot/Premises</b> (address as stated in assessment bill) :	
<b>Land use conditions as specified in land document</b> (as per stated in Print-Out Land Title):	
<b>Landlord Name:</b>	
<b>District:</b>	<b>Division:</b>
<b>Postcode:</b>	<b>State:</b>

**B6. Confirmation of the Business Owner/Applicant:**

<b>Signature of the Business Owner:</b>	
<b>Sarawak ID:</b>	
<b>Name as in MYKAD / MYPR</b>	
<b>MYKAD / MYPR Number:</b>	
<b>Race:</b>	
<b>Place of Birth:</b>	
<b>Gender:</b>	
<b>Marital Status:</b>	
<b>Email:</b>	
<b>Telephone Contact Number:</b>	
<b>Application Date (DD-MM-YYYY):</b>	
<b>Indicate proportionate ownership (share %):</b>	

**Confirmation of the owner (Partnership):**

For additional partner you wish to include (up to a maximum of 20), please complete a separate copy of Appendix 1. Make additional copies of Appendix 1 as required.

**Notes**

1. Applicants are advised to refer to [https://www.ssm.com.my/bm/Pages/Services/Registration-of-Business\(ROB\)/Forms/garis\\_panduan\\_pendaftaran\\_nama\\_perniagaan\\_-\\_final.pdf](https://www.ssm.com.my/bm/Pages/Services/Registration-of-Business(ROB)/Forms/garis_panduan_pendaftaran_nama_perniagaan_-_final.pdf) to ensure that the proposed business name complies with the registration guidelines.
2. Business name applications are approved based on the priority of the business name applied for. The business name that has been approved is given a period of 30 days and cannot be amended or changed to another owner.
3. If there is a court order or objection by a third party on the business name due to the use of the Trademark and others, the owner is required to take action to close the business and register it using another business name.

**C. TRADE LICENCE APPLICATION****C1. Business Information**

<b>Business Name:</b> (refer to Registration Certificate)	
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<b>Land use conditions as specified in land document</b> (as per stated in Print-Out Land Title):	
<b>Income Tax No. for Firm/Company:</b>	

<b>Partnership Agreement</b> (Circle if applicable)	No:	Yes: Date (DD-MM-YYYY): Specify the agreement signed date and attach the agreement.
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**C2. Postal Address (If different from the business address above):**

<b>District:</b>	<b>Division:</b>
<b>Postcode:</b>	<b>State: Sarawak</b>

**C3. Type of Premise (tick one):** ☐ Shop ☐ Vehicle ☐ Watercraft ☐ Home-based ☐ Others

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**(For Treasury office use)**

Application No.	Business Name Registration No.	Type	Annual Payment	Quantity of Licence issued

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**C4. Business Branch Address (if any, P.O. Box is not allowed):**

<b>District:</b>	<b>Division:</b>
<b>Postcode:</b>	<b>State:</b>

**D. OPERATING LICENCE APPLICATION****D1. Type of Licence Apply**

<b>Type of Licence: (please (✓) type of licence required)</b>	Bakery and Biscuit Manufacture		Food shop	
	Food stalls and tables		Isolated shop	
	Cold Storage		Butcher shop	
	Tea & Coffee Shop		Restaurant	
	Native village shop		Barber/Hair Saloon	
	Canteen			
	Laundry		Licence for storage _____ litres of Petroleum/LPG	
	Sales of Alcohol Type (Specify:.....)		Sales of Any Licenced Lottery	
	Hotels & Lodging Houses		Reflexology & Health Establishment	
	Others (Specify:.....)			
<b>Type of Licence: (please use attached PBT form)</b>	Entertainment Licence (By-Law 3) (The Entertainment By- Laws,2001)		Advertisement Licence The Local Authority (Advertisement) by Law, 2012	

**D2 Upload specimen(s) of all official stamps/chops to be used**

(The company stamp must be brought when collecting the certificate) :

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**E. CONFIRMATION/DECLARATION OF SOLE OWNER/ PARTNERS** [Compulsory to fill in]

It is mandatory for each sole proprietor/partner to fill in the details and sign/right thumbprint on this form.

- ☐ I/we agree to applied separate licences if the business operates at more than one premise.
- ☐ I/we agree to maintain business books of account as required by law.
- ☐ I/we agree to pay the trading licence fee: [ ] Annually [ ] Half-yearly
- ☐ I/we the undersigned confirm that all statements made in this form are true and declare that I/we are the sole owner/partners for this business.
- ☐ I/we understand that submission of false information is an offence under the Ordinances/Rules/Regulations.
- ☐ I/we agree to allow authorised officers to inspect business documents if required.

No	Name as in MYKAD / MYPR	MYKAD / MYPR Number	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Data of Application (DD-MM-YYYY):

\*\* If there are partners, include the number of partners ☐ (must not exceed 20). Please attached list of the partners follows below format in Appendix 2:

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**F. FOR OFFICE USE ONLY**

I am the Responsible Person submitting the business registration details stated above.

No	Name	Post/Grade	Signature
1			
<b>Data of Submission (DD-MM-YYYY):</b>			
<b>Business Name Registration Number</b>			
<b>Trade Licence Number</b>			
<b>Operating License Number</b>			
<b>Risk of Registration (√)</b>		<b>Low: Target License Issuance: 14 days.</b>	<b>High: To be evaluated by Licensing department.</b>
<b>Administrative District:</b>			
<b>Process Timeline</b>		* Fill in Form Application Processing Timeline for Ease of Doing Business (EODB(B)/2025/01) for detail.	

**Reference List of Documents (Master Checklist)**

No	Documents	BNR	TL	OL
<b>i. General &amp; Identify Documents</b>				
	Super Form Application for Registration of Business in Sarawak	√	√	√
	Copy of Identification Card (NRIC) applicant	√	√	√
	Latest coloured passport-size photographs (2 pcs)			√
	A copy of Directors' Identification Card (NRIC) -if applicable		√	
	The company stamp must be brought when collecting the certificate.	√	√	
<b>ii. Premises ownership, tenancy &amp; plans</b>				
	Copy of Land Title / Temporary Occupation Licence (TOL) or S&P / Developer Agreement	√	√	√
	Grant of land / Lease of State Land (if applicable)	√	√	
	Tenancy Agreement	√	√	√
	Permission Letter from owner / Penghulu/tribal head (if applicable)			√
	Premises Assessment / House-tax bill			√
	Locality / Business-location plan & Site plan			√
	Scaled architectural plans (A3) – floor layout, grease interceptor, etc. (food premises) (if applicable)			√
	Renovation / building plans & council approval + Occupation Permit (new or renovated premises) (if applicable)			√
	Occupational Permit of Business Premises (existing buildings)			√
<b>iii. Corporate &amp; statutory registration (for companies / societies / co-ops)</b>				
	Certificate of Incorporation / Sijil Pendaftaran		√	√
	Companies Act 2016 filings: Section 14 (Application), Section 15 (Notice), Section 58 & 236(2) (Directors/Secretaries)		√	
	Borang 49 / Extract of Shareholders & directors' NRIC copies		√	√
	Letter of Appointment of Nominee & proof of acceptance (if an individual is the licensee)		√	√
	DOSM – Census of Licensed Trading Establishment (new registration)		√	
<b>iv. Tax &amp; licensing forms</b>				
	R20 Form (business-name registration)	√		
	Certificate of Incorporation /R.22 Registration Certificate		√	√
	Form 2 (I.R.D. 8 Pind.1/86)		√	
	Form 3 – Application for a Transfer of Trading Licence			
	IRD No. 7 (Form 1) (tax registration)		√	√
	Business-name signboard licence application (if applicable)			√
<b>v. Health, safety &amp; sector-specific approvals</b>				
	Food Handler Course Certificate (food outlets)			√
	Medical Examination Report / Health check (where required)			√
	Letter of Support or Certificate – Fire & Rescue Dept. (LPG, petroleum)			√
	Supporting letters / approvals from other agencies (Police, sector regulators, high-risk businesses)			√
	High-risk business pack – architect-submitted plan, hotel, lodging, karaoke site approval, reflexology / health-establishment form, Form A – Application for License Entertainment by Law, 2001(SMC and SRDC), Form A - The Local Authority (Advertisement) by Law, 2012, etc.			√
<b>vi. Personnel &amp; immigration</b>				
	Work Permit / Employment Pass copies for non-Sarawakians			√
<b>vii. Premises Evidence &amp; Photographs</b>				
	Photographs of every corner inside & outside premises / exterior photo			√

**Appendix 1:****INFORMATION OF PARTNERSHIP FOR FIRM/COMPANY**

For additional partner you wish to include (up to a maximum of 20), please complete a separate copy of Appendix 1. Make additional copies of Appendix 1 as required.

**Partners:**

<b>Signature of the of the partners:</b>	
<b>Name as in MYKAD / MYPR:</b>	
<b>MYKAD / MYPR Number:</b>	
<b>Home Address:</b>	
<b>Nationality:</b>	
<b>Email:</b>	
<b>Telephone Contact Number:</b>	
<b>IRB tax number (if applicable):</b>	
<b>Indicate proportionate ownership for each partner (share %):</b>	
<b>If a partnership, state the fixed duration of the partnership (if applicable):</b>	

**Partners:**

<b>Signature of the of the partners:</b>	
<b>Name as in MYKAD / MYPR:</b>	
<b>MYKAD / MYPR Number:</b>	
<b>Home Address:</b>	
<b>Nationality:</b>	
<b>Email:</b>	
<b>Telephone Contact Number:</b>	
<b>IRB tax number (if applicable):</b>	
<b>Indicate proportionate ownership for each partner (share %):</b>	
<b>If a partnership, state the fixed duration of the partnership (if applicable):</b>	

**Appendix 2:****Confirmation/Declaration of Partners**

It is mandatory for each sole proprietor/partner to fill in the details and sign/right thumbprint on this form.

- ☐ I/we agree to applied separate licences if the business operates at more than one premise.
- ☐ I/we agree to maintain business books of account as required by law.
- ☐ I/we agree to pay the trading licence fee: [ ] Annually [ ] Half-yearly
- ☐ I/we the undersigned confirm that all statements made in this form are true and declare that I/we are the sole owner/partners for this business.
- ☐ I/we understand that submission of false information is an offence under the Ordinances/Rules/Regulations.
- ☐ I/we agree to allow authorised officers to inspect business documents if required.

No	Name as in MYKAD / MYPR	MYKAD / MYPR Number	Signature
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
Data of Application (DD-MM-YYYY):			

