



GOLDEN MIDAS FESTIVAL AND AWARD 2014

- Please type or print clearly.
- All blanks are to be filled completely and accurately. Please denote N/A where appropriate
- You may provide information on a separate sheet of paper if space provided is insufficient.
- All information in the nomination form will be treated with strict confidentiality.

Please submit completed nomination form together with relevant supporting documents and information to:

Golden Midas Festival and Award (Secretariat)

B-1-15, Block B, 8th Avenue,
 Jalan Sungai Jernih 8/1,
 Section 8, 46200 Petaling Jaya, Selangor.
 Tel: 03-79867609, 79567608
 Fax: 03-79567301

NOMINATION FORM

Closing Date: 30/6/2014

A. COMPANY BACKGROUND

Registration Number

Date of Registration (dd/mm/yy)

Company Name

Address

Postal Code

Telephone Number

Facsimile Number

Email Address

Website Address

Chief Executive / Managing Director

No. of Staff (Executive level and above)

No. of Staff (Non – Executive)

Type of ISO Certification

please submit photocopy as prove

Awards Previously Received

please submit photocopy as prove

Kindly provide us with a CD of your respective COMPANY LOGO and Picture of CEO / MD in Adobe Illustrator / PDF format along with a COLOURED DIGITAL print.

B. OWNERSHIP AND CAPITAL STRUCTURE

1. Latest paid up capital

2. Is your company a subsidiary? YES NO

2a If "YES", please state your parent company

2b Address of parent company

2c Is your parent company listed? YES NO

2d If "YES", please indicate the percentage of equity your parent company has in your organization

3. Please attach your **Management Organization Chart**.
4. For shareholders with more than 5% share in the company, please provide the following information :
(Please attach separate sheet if space provided is insufficient)

INDIVIDUALS

Shareholder's Name (Mr/Mrs/Ms)	Nationality	Designation in Company	% Share

COMPANIES

Company's Name	Country of Registration	% Share

C. FINANCIAL INFORMATION

Please submit the latest audited financial statements for financial years 2012, 2013 or 2014. (Those companies with financial year ended 31 Jan, 28 Feb, 31 March, 30 April, 31 May or 30 June may submit their audited financial statements for financial year 2014.)

AUDITED FINANCIAL STATEMENTS

	2012	2013	2014
Financial year end date			
Annual turnover			
Net profit before tax			
Total assets			
No of employees excluding directors			
Shareholder's fund			

CODE FOR TAX RETURN

D. CORE BUSINESS

1. Please provide a brief description of your company's core business, products and services.
Please attach your company brochure and distributor starter kit.

(In not more than 100 words)

E. MANAGEMENT OUTLOOK

In not more than 500 words, please provide a brief description of the Company's vision and mission and the initiatives the Company has put in place to achieve such vision / mission.

(Please attach separate sheet)

F. OTHER INFORMATION

In not more than 500 words, please provide information on the Company's major technical / product innovation, market plan strategies, competitive advantages, information technology usage, etc that has helped the Company in creating value and critical success factors for its business.

(Please attach separate sheet)

Note: Nominees are asked to provide compensation plan, product brochures, corporate profile, copies of promotional materials and technical literature which will enable the judges to appreciate the success of the Company's endeavors.

G. DECLARATION

(To be completed by the Chief Executive / Managing Director / Financial Controller or equivalent)

I declare that the facts stated in this application together with the accompanying are true and correct and have satisfied the eligibility criteria.

I agree to:

- The publication of the financial figures provided in the nomination upon request ;
- Provide my company's audited financial statements and other relevant information as accompaniment to my nomination ;
- Abide by guidelines regarding the usage of the Golden Midas Festival and Award logo ; and
- Abide by the decisions of the judges.

Name (Mr/Mrs/Ms)

Designation

Signature

Date

Company Stamp



PERSON IN CHARGE TO BE CONTACTED FOR FURTHER INFORMATION

Name: (Mr/Mrs/Ms)

Designation:

Contact Number:

Email: