



SABAH TOURISM BOARD

MINISTRY OF TOURISM, CULTURE AND ENVIRONMENT
State Government of Sabah

Location : No. 51, Jalan Gaya, 88000 Kota Kinabalu, Sabah, Malaysia

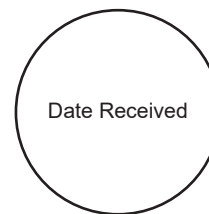
Postal Address : Mail Bag 112, 88993 Kota Kinabalu, Sabah, Malaysia

Tel : 6-(088)-212121

E-mail : info@sabahtourism.com

Fax : 6-(088)-212075, 219311

Website : www.sabahtourism.com



IT Unit

Updated on 11 Oct 2021

WEB LISTING APPLICATION FORM FOR SUPPORT SERVICES

Company		Business Registration No.
Address	Phone	
	Fax	
	E-mail	
	Website	
	In Operation Since	
Contact Person	Mobile No.	

SHORT COMPANY DESCRIPTION (in 140 words or less)

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TYPE ORGANIZATION

☐ Partnership

☐ Independent Owners

Please specify :

TYPE OF SERVICES

<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Event Organizer / PCO	<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Event Digital Platform
<input type="checkbox"/> Beads and Handicraft	<input type="checkbox"/> Exhibition Display Contractor / Supplier	<input type="checkbox"/> Beads and Handicraft	
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Photographer	<input type="checkbox"/> Entertainment	
If you have other services which is not listed above, please list them here:			

REQUIREMENTS

Applicant is required to submit a copy of the following documents:

☐ Valid ROC certificate

☐ Valid trading license

☐ Copyright-free photos of your business. (Email them to webmaster@sabahtourism.com or snail mail them in a CD of pendrive.)

Notes:

1. All new application requires a minimum of 7 working days to be processed before the information can be updated on our website.
2. Failure to comply most of the requirements may affect your application status. Sabah Tourism Board has the right to decline without notice.
3. Application is fully liable for information provided in this application form.
4. All web application is FREE. However, Sabah Tourism Board reserves the right to charge administration fees where management see fits.

FOR STB OFFICE USE ONLY

MICE Unit

Checked by : _____

License expires in : _____

☐ Form / Document not complete

Signature : _____ Date : _____

Remark