

**衛理畢理學院**  
**Methodist Pilley Institute** DK233(Q)

(Owned and operated by Pilley Education Enterprise Sdn. Bhd.: 200001016830 (519437-H), SST No.: Y61-2305-32100001)  
Jalan Lily, 96000 Sibul, Sarawak, Malaysia  
Tel: +60(84) 322268 Fax: +60(84) 320801/ 320623 email: mpi@pilley.edu.my

**Reservation Form For Wei Kuok Hall**

Name of Organisation: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_ Company's Registration Number (New/Old): \_\_\_\_\_

SST Number: \_\_\_\_\_ MSIC Code: \_\_\_\_\_

Tel (office): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Pastor in-charge / Chairperson: \_\_\_\_\_ H/P: \_\_\_\_\_  
(Provide official verification letter if applicable)

Sales Tax Exemption Certification Number/Special Exemption (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Event/Function: \_\_\_\_\_

Brief Description of Program/Activities: \_\_\_\_\_

Venue Required	Date	Time starts & Time ends
Main Hall		
Class Room 1		
Class Room 2		
Class Room 3		
WKH Lobby ( <i>outside classrooms, with air conds</i> )		
Grand Piano		

Note: Extra rental is chargeable for extended usage.

**PA Systems Arrangements**

- Allow MPI to arrange for PA system (1 hour to 4 hours) :
- Professional PA System (outsource) RM 500.00
  - Basic PA system (mic only) RM 150 .00
- Use your own PA system (own sound men)

**Chargeable Rental**

Main Hall: \_\_\_\_\_ 1 hour to 4 hours RM 1800.00  
\_\_\_\_\_ 4 hours to 8 hours RM 3600.00  
\_\_\_\_\_ 8 hours to 12 hours RM 5400.00

Classroom: \_\_\_\_\_ 1 hour to 4 hours RM 150.00  
\_\_\_\_\_ 4 hours to 8 hours RM 300.00  
\_\_\_\_\_ 8 hours to 12 hours RM 450.00

Lobby: \_\_\_\_\_ 1 hour to 4 hours RM 150.00

Grand Piano: \_\_\_\_\_ 1 hour to 4 hours RM 300.00

**For rehearsal, separate charges are applied:**

Main Hall: \_\_\_\_\_ 1 hour to 4 hours Without air-cond RM150.00  
With air-cond  
(2 units only) RM900.00

Classroom: \_\_\_\_\_ 1 hour to 4 hours Without air-cond RM50.00  
With air-cond RM150.00

Lobby: \_\_\_\_\_ 1 hour to 4 hours Without air-cond RM50.00  
With air-cond RM150.00

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Contact Person: \_\_\_\_\_ NRIC: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

Address: \_\_\_\_\_

I hereby agree to abide by all the terms and conditions stated as enclosed below.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Admin. / CEO / Principal

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