

**RESET FORM**APPLICATION FORM**1. APPLICATION INFORMATION**

Company Name			
Brand			
Company Address			
	Postcode:	Country:	
Phone No.		Fax No.	
Contact Person	Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others, Please Specify	
	Name		
	Designation		
	Phone No.		E-mail

**The application may not be registered without complete payment.**

Note: 1) FEE - RM 500.00/USD 200 per product

(CIMB Bank Account No. : 8603198226, Please issue in favour to Trans Certification & Inspection Sdn. Bhd)

**2. MANUFACTURER INFORMATION**

(if different from applicant)

Company Name			
Company Address			
	Postcode:	Country:	
Phone No.		Fax No.	
Contact Person	Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others,, Please Specify :	
	Name		
	Designation		
	Phone No.		E-mail

**The application may not be registered without complete payment.**

Note: 1) FEE - RM 500.00/USD 200 per product

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**3. PRODUCT INFORMATION**

No.	Product Name	Product Standard	ProductDescription
1			Please attach to state Size, Pressure rating , Class,Modeletc.  (e.g. Catalogue, List of product to certify, Technical drawing, etc.)
2			
3			
4			
5			
6			
7			

**Note 1** :Please attach additional product on separate paper.

**Note2**:Please attach other relevant or useful information ( eg.Process Flowchart, List of outsourced process,etc)

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#### 4. APPLICATION DECLARATION

I/We confirm that all information provided in this application are correct and precise.

\_\_\_\_\_  
Signature of applicant

Name :

Designation :

Date :

Company Stamp

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