

RESET FORMAPPLICATION 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 |

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3. PRODUCT INFORMATION

| No. | Product Name | Product Standard | ProductDescription |
|-----|--------------|------------------|--|
| 1 | | | <p>Please attach to state Size, Pressure rating , Class,Modeletc.</p> <p>(e.g. Catalogue, List of product to certify, Technical drawing, etc.)</p> |
| 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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