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| **A. APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Company name & Address | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 2. Business Registration No. | | | | | | | |  | | | | | 3. Contact Person | | | | | | |  | | | | | |
| 4. Tel. No | |  | | | | | | | 5. Fax. No | | |  | | | | | 6. E-mail Address | | | | |  | | | |
| 7.Sampling Location | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **B. PRODUCT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Product** | | | | | | **Grade** | | | | **Standard** | | **HS Code** | | **Size/Diameter** | | | | | | **Total Quantity** | | **Usage** | |  |
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| *(Please use Annex A if insufficient space)/ (Attach Mill Certificate)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. THIRD PARTY INSPECTION BODY (TPIB) (IF APPLICABLE)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name and Address of TPIB | | | | | | Sunchine Quality Control Technology Service Co.,Ltd.  Add: Room 1106, Block B, Longxi Mansion 60 Yunlongshan Road, Nanjing, China | | | | | | | | | | | | | | | | | | | |
| 2. Website  4.Scope Of Inspection | | | | [www.sunchineinspection.](http://www.sunchineinspection.) com | | | | | | | 3. Accreditation No.(ISO 17020)  5. Attachments | | | | | | | Yes ( No：IB0715)  √ √Accreditation certificate  √List of accredited testing scope | | | | | | | |
| **D. FOREIGN / LOCAL ACCREDITED LABORATORY** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name and Address | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 2. Website | | | | |  | | | | | | 6. Accreditation No.  (ISO/IEC 17025) | | | | | √ √Accreditation certificate  √ List of accredited  testing scope | | | | | | | | | |
| 3. Scope of Accreditation | | | | |
| 4.Name of Accreditation Body | | | | | 7. Attachments | | | | |
| 5. Expiry Date | | | | |
| **E. FOR CIDB USE** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Scope of Accreditation | | | | | | | | License Validity | | | | Remark | | | | |  | | | | | Approved by | |
| Third party  inspection body | |  | | | | | | | |  | | | |  | | | | |  | | | | | ( ) | |
| Foreign/ Local accredited  laboratory | |  | | | | | | | |  | | | |  | | | | |  | | | | |



**APPLICATION FORM**

**APPOINTMENT OF 3RD PARTY INSPECTION BODY (TPIB) & FOREIGN/ LOCAL ACCREDITED LABORATORY**

**PENGAKUAN / DECLARATION**

Saya/kami dengan ini, sesungguhnya mengesahkan bahawa maklumat yang diberi adalah benar. Saya/kami bersetuju, \*makmal yang dilantik oleh saya/kami akan membuat ujian penuh ke atas produk atau bahan binaan berdasarkan maklumat di atas. Oleh itu, sekiranya laporan ujian gagal yang dikeluarkan oleh makmal, maka pihak saya/kami tidak berhak memohon sebarang rayuan bagi menukarkan standard/spesifikasi produk/tujuan penggunaan atau kuantiti & saiz dengan bertujuan maksud ingin dilakukan pengujian semula ke atas produk atau bahan binaan berkaitan. Oleh itu, produk atau bahan binaan saya/kami yang gagal dalam pengujian, maka adalah menjadi tanggungjawab saya/kami untuk menghantar semula produk atau bahan binaan yang diimport ke negara asal dengan tanggungan sendiri. Bukti penghantaran yang telah disahkan oleh Jabatan Kastam akan saya/kami kemukakan kepada CIDB

***I/we hereby acknowledge that the information given is rue. We agree the laboratory appointed by me/us will conduct full type test on the product mentioned. In the event of the test results showed no conformance to the refered standard, we have no right to apply for appeal to change standard for the purpose of re testing. Therefore, for products that do not conform to the standard, we shall be responsible for sending back the products to source country at our own expenses. Evidence of the send material endorsed by Custom will be forwarded to CIDB***

Tandatangan … … … … … … … … … … .. Cop Syarikat/Firma

Nama … … … … … … … … … … ..

Jawatan … … … … … … … … … … .

No. KP/No. Pasport …………………………

Tarikh … … … … … … … … … … .



**PENGESAHAN MAKMAL PENGESAHAN BADAN PEMERIKSAAN (IB)**

Tandatangan : … … … … … … … … … … … … .. Tandatangan **: … … … … … … … … … … … .**

Pegawai : … … … … … … … … … … … … . Pegawai **: ……………………………**

Jawatan & : … … … … … … … … … … … .. Jawatan & **: ……………………………**

Chop Agensi Chop Agensi

Tarikh : … … … … … … … … … … .. Tarikh **: … … … … … … … … … … … ..**

***Nota :-***

***1. Sila lampirkan ‘Mill Certificate’ semasa menyerahkan pengakuan ini***

***2. \* Makmalyang dimaksudkanadalah makmalyang telah diakredit dan masihsahlaku.***

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| **APPLICATION FORM** |

APPENDIX 1: PRODUCT INFORMATION

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| **Product** | **Grade** | **Standard** | **HS Code** | **Size/Diameter** | **Application** |
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