



**SIRIM QAS International Sdn. Bhd.**  
 (Company No. 410334-X)  
**Customer Service Center**  
 Telephone Lines: 603- 5544 5941  
 Fax : 603- 5544 6466  
 E-mail : tsd@sirim.my

**APPLICATION FOR TESTING SERVICES**

**PP1**

<p><b>Senior General Manager,          Testing Services Department,          SIRIM QAS International Sdn. Bhd.          No. 1, Persiaran Dato' Menteri, P.O.Box 7035          Section 2, 40911 Shah Alam, Selangor Darul Ehsan</b></p> <p>(Attn:-..... )</p> <p><b>1. Product Information</b></p> <p>1.1 Product :</p> <p>1.2 Brand :</p> <p>1.3 Model :</p> <p>1.4 Serial Number :</p> <p>1.5 Marking :</p> <p>1.6 Number of Samples :</p> <p>1.7 Manufacturer's name and address          (if different from name and address of applicant)</p> <p>1.8 Other product information such as weight, volume, size, diagram, brochure etc. that are relevant for the application :*</p> <p><b>Notes :</b>          * Use appendix if required.          ** Please refer to the Job No. for any inquiry.</p>	<p><b>2. Testing and Test Report Requirements</b></p> <p>2.1 Test Method/Standard</p> <p>2.2 Other Test Report No. .... (please attach)</p> <p>1. 2.</p> <p>2.3 Purpose of Testing</p> <p><input type="checkbox"/> Product Certification  <input type="checkbox"/> Other (please specify)</p> <p><b>3. Company Name and Address :</b>          (Where test report/invoice to be sent PO Box address not accepted)</p> <p>.....          .....</p> <p><b>Reg. no</b>.....</p> <p>Name of contact person:.....</p> <p>Telephone (office and handphone).....          Fax: .....</p> <p><b>4. Covenant of Applicant</b></p> <p>I .....have read and fully understood and agreed to abide by the "General Information, Terms and Conditions Relating to Acceptance of Products for Testing".</p> <p>Signature : .....</p> <p>I.C. No. : .....</p> <p>Designation : .....</p> <p>Date : .....</p>
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**FOR INTERNAL USE**

	TYPE OF PAYMENT	PAYMENT
<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;"> <b>JOB NO</b>            _____         </div>	<p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Cheque / Bank Draft / Postal Order</p> <p style="text-align: center;"><b>(Payable to SIRIM QAS International Sdn. Bhd.)</b></p> <p>Cheque No : _____</p> <p><input type="checkbox"/> Credit Card : Visa / Mastercard / Amex / Diners</p>	<p>Amount(RM) : _____</p> <p>Receipt No : _____</p> <p>Invoice No : _____</p> <p><b>Received By</b></p> <p>a) Signature _____</p> <p>b) Name _____</p> <p>c) Date _____</p>