SIRIMISE

MANAGEMENT SYSTEM CERTIFICATION

APPLICATION FORM

1.	Name of organization:			
2.	Address :			
3.	Please indicate below the applicable Management System Standard to which you wish to be assessed:			
	ISO 9001	ISO 14001	OHSAS 18001	Others:
	MS 1900	ISO 13485	MS 1722	ISO 45001
	For more than one sche	me, do you want an int	egrated/ combined audit	to be carried out? Yes No
4.	Declaration:			
	a) I hereby declare that the information provided in the Request for Information (RFI), which was previously submitted, is still valid.			
	b) I undertake to comply with the provisions of the Certification Agreement, a copy of which has been made available to me.			
	c) I agree to pay all fees/ costs connected to the certification process.			
	d) I shall not refuse any request by SIRIM QAS International to allow representative(s) of Accreditation Body(ies) to carry out witness audit of SIRIM QAS International, at my premises, should such a request be made.			
				made payable to SIRIM QAS ation. (Quotation No)
5.	Signature of authorized	representative :		Date :
	Name :		Position :	

Please return form duly completed to:

Head
Sales and Business Development
Management System Certification Department
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