

This form shall be used for one application only

Director,  
 IKRAM QA Services Sdn Bhd (IKRAM QA),  
 Blok 5, Level 1, Unipark Suria,  
 Jalan IKRAM – UNITEN,  
 43000 Kajang, Selangor Darul Ehsan  
MALAYSIA

This box is for IKRAM QA use only	
Date registered	Application no

Tel: +603-8738 3388 / Fax: +603-8736 7254

Sir,

### Application for Third-Party Inspection (IKRAM QA)

Product Name : \_\_\_\_\_

Inspection Location : \_\_\_\_\_

Above subject refers.

2. Our company wish to apply for your Third-Party Inspection service, and we enclosed the Banker's Cheque / Company Cheque/Postal Order No. \_\_\_\_\_ (payable for **IKRAM QA Services Sdn Bhd**), for payment as follows:

\* Registration fee : RM \_\_\_\_\_

\* Application fee : RM \_\_\_\_\_

3. Information on the applicant and the product are in the **Annex A**.

4. I / We solemnly declare that the information provided are true and correct and I/we give our undertaking and commitment to comply with the terms and condition set in your certification scheme rules and procedures.

Thank you,

Signature :

Name :

Designation :

Date :



\*Fee  
 i. Registration Fee  
 ii. Application Fee  
 iii. Inspection Fee

- RM 500.00 (one-off)  
 - RM 500.00 / product  
 - Will be established according to scope of inspection

Note: All fees are GST excluded

A. Applicant Information & Inspection Location

#	Item	Applicant	Inspection Location
A.1	Name & Address		
A.2	Phone No.		
A.2	Fax No.		
A.4	Contact Person	Name	
		Designation	
		Mobile Phone	
		E-mail	

B. Inspection Information

B.1	Scope of Inspection	
B.2	Product Name	(Please attach product catalog)
B.2	Particulars of Product (Size, Pressure Rating (PN), Class, Model & etc)	
B.4	Reference Document(s) (Product Standard, Specification, Procedure, Technical Drawing, etc)	