



APPLICATION QUESTIONNAIRE  
(SERVICE)



**PART ONE**

**1. Confirmation of compliance with the eligibility criteria for the National Mark of Malaysian Brand Certification Scheme:**

Please tick (✓)

- (a) A minimum 3-Star rating under SME Corp. Malaysia SCORE Programme\* which is still valid;
- (b) Certified to ISO 9001 / MS 1900 / HACCP / ISO 22000 / ISO/TS 16949 / ISO 13485 / CMMI (Level 3), \*\* accredited to ISO/IEC 17025 (for laboratories) or registered to GMP (Pharmaceutical) (Circle the applicable standard)
- (c) Business incorporated / registered under any of the following:
- Companies Act 1965 (Act 125) (please submit Form 9, Form 24 and Form 49) or
  - Registration of Businesses Act 1956 (Act 197);
  - Latest audited account of the company
- (d) Malaysian equity  $\geq$  60%
- (e) Operating from legal premises (Business License from Local Authority / Certificate of Practice by Professional Regulatory Bodies)
- (f) Own registered brand(s) \*\*\* (Trademark Certificate)

**2. If you have fulfilled all the eligibility criteria listed above, please proceed to fill up Part Two of the Application Questionnaire.**

Notes:

\* If you are not under the SME Competitiveness Rating for Enhancement (SCORE) programme, please contact SME Corp. Malaysia at 03-27756000 or visit the website [www.smecorp.gov.my](http://www.smecorp.gov.my) for technical assistance.

\*\* Certification body must be accredited by a recognized accreditation body such as Standards Malaysia, UKAS, etc. and the certification scope must be within the certification body's accredited scope. If you are not certified to any of the above standard(s), please contact SIRIM QAS International at 03-55446403 or visit the website [www.sirim-qas.com.my](http://www.sirim-qas.com.my) for assistance. Companies certified to other Standards may be accepted subject to verification on a case to case basis.

\*\*\* In the absence of evidence of registration of the brand(s) to be covered under the scope of certification, applicant shall, as a minimum, present evidence of application for trademark registration and a favourable search and examination report (observation report) issued by MyIPO.

\*\*\*\* Classification of SME organization:  
Services and other sectors:  
Small = Sales turnover from RM300,000 to less than RM3mil OR employees from 5 to less than 30  
Medium = Sales turnover from RM3mil to not exceeding RM20mil OR employees from 30 to not exceeding 75

(For details on the current definition of SMEs, please refer to the SME Corp website [www.smecorp.gov.my](http://www.smecorp.gov.my))



APPLICATION QUESTIONNAIRE (SERVICE)

PART TWO

Please allow us to understand your business so that we can provide you with the best possible service.

PLEASE COMPLETE IN BLOCK LETTERS.

1. DETAILS OF APPLICANT

Name of Organization : \_\_\_\_\_
Correspondent address : \_\_\_\_\_
Web-site (if any) : \_\_\_\_\_
ROC / ROB : \_\_\_\_\_
Business License from Local Authority Certificate of Practice by Professional Regulatory Bodies : \_\_\_\_\_

Contact person (1) : \_\_\_\_\_ Designation : \_\_\_\_\_ Office / Mobile No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_
Contact person (2) : \_\_\_\_\_ Designation : \_\_\_\_\_ Office / Mobile No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

Describe the nature of services offered by your company:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Confirmation of SME status:
[ ] Small = Sales turnover from RM300,000 to less than RM3mil OR employees from 5 to less than 30
[ ] Medium = Sales turnover from RM3mil to not exceeding RM20mil OR employees from 30 to not exceeding 75

Status of organization:
[ ] Bumiputra
[ ] Non-bumiputra

Woman-owned organization:
[ ] Yes Percentage of shares: \_\_\_\_\_
[ ] No

Definition of Women-owned organization:
i) >51% of shares owned by women;
ii) CEO/MD is a women (management control) and holding at least 10% of shares.



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**2. PRODUCT INFORMATION**

(Please provide information listed below. Attach supplementary sheets if space provided is insufficient.)

Type of services offered : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trademark / Brand name : \_\_\_\_\_  
(The applicant shall assume full responsibility for the right to use the mark / name declared) \_\_\_\_\_  
\_\_\_\_\_

Trademark registration for service(s) / brands sought for Malaysian Brand Certification Scheme : Trademark registration no. : \_\_\_\_\_  
\_\_\_\_\_

Trademark registration for products / brands sought for Malaysian Brand Certification Scheme registered in other countries : Please specify the country name and the trademark registration no. : \_\_\_\_\_  
\_\_\_\_\_

Standard(s) applicable to service(s) (if any) : \_\_\_\_\_  
\_\_\_\_\_

**3. OPERATIONS INFORMATION**

Please specify the manufacturing site for the product seeking certification. If more than one site is to be covered, please provide a separate list.

No. of fulltime employees : \_\_\_\_\_

No. of shifts : \_\_\_\_\_

No. of outlets/ branches : \_\_\_\_\_

Size of outlets/ branches (No. of fulltime employees) : \_\_\_\_\_  
\_\_\_\_\_

Location of outlets/ branches : \_\_\_\_\_  
\_\_\_\_\_

Nature of services for the outlets/ branches (if differ from headquarters) : \_\_\_\_\_  
\_\_\_\_\_

- Please attach:
- (i) Company organization chart
  - (ii) Service description brochure (if available)
  - (iii) Address of outlets / branches (if differ from headquarters)
  - (iv) Evidence of certifications



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4. ACTIVITIES AND PROCESSES ON SITE

(a) Please give general description of the service(s) offered including its features and advantages.

Three horizontal lines for text input.

(b) Please describe the type of customers of the service(s). (e.g. Individual, government agencies, financial institution, education sector, healthcare personnel etc.)

Three horizontal lines for text input.

(c) List major activities which have been sub-contracted (if any).

Two horizontal lines for text input.

5. OTHER INFORMATION

Please indicate if any language other than English or Bahasa Melayu is mainly used within the organization.

(Note: Please indicate whether it is feasible to conduct the audit in English and/or Bahasa Melayu. The use of any other language may require the use of translator(s)/interpreter(s) for which there will be additional charges.)

Name of authorised representative responsible for filling out this questionnaire :

Date :

Thank you for your co-operation in completing the questionnaire. Please ensure that all information requested have been provided to expedite the processing. Kindly submit the completed Questionnaire to: Head of Sales and Business Development, Management System Certification Department, SIRIM QAS International Sdn. Bhd. Address : Building 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri, 40700 Shah Alam, Selangor Darul Ehsan, Malaysia. Email : ask.msc@sirim.my Fax : 603-5544 6787

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FOR OFFICE USE ONLY:

Adequate information received: Proceed with contract review [checkbox] Request for quotation declined. Justification for declining: [checkbox]

Head / Executive of Sales and Business Development : Date :