



**SIRIM QAS International Sdn. Bhd.**  
(Company No. 410334-X)

Telephone Lines :603-55446383/6382  
Fax : 603-55446381

**APPLICATION FOR DOMESTIC  
GAS BURNER CONSIGNMENT  
SERVICES**

Senior General Manager,  
Testing Services Department,  
SIRIM QAS International Sdn. Bhd.  
No. 1, Persiaran Dato' Menteri, P.O.Box 7035  
Section 2, 40700 Shah Alam, Selangor Darul Ehsan

(Attn: ..... )

**1. Product Information**

1.1 Please fill up **ANNEX** for each product/model:

**2. Applicant Information**

2.1 Company Name and Address (full)

Reg.No:

2.2 Contact Person:

Name :

Designation

E-mail Address:

Telephone:

Office :

H/P :

Facsimile No :

**3. Documentation Required**

- 3.1 Certificate of Approval/Evaluation Letter ☐
- 3.2 Bill of Lading ☐
- 3.3 Invoice and Packing List ☐
- 3.4 Custom K1 form ☐
- 3.5 Test Report ☐

**4. Consignment Inspection Information**

4.1 Location of inspection (full address)

4.2 Contact Person;

Name :

Telephone: Office:

H/P :

4.3 Expected date and time of inspection:

**5. Covenant of Applicant**

I, \_\_\_\_\_ have read and fully understood and agreed to abide by the "General Information, Terms and Conditions Relating to Acceptance of Products for Consignment Services"

Signature : \_\_\_\_\_

I.C. No. : \_\_\_\_\_

Date : \_\_\_\_\_

**FOR INTERNAL USE**

	TYPE OF PAYMENT	PAYMENT
Inspection RM _____	<input type="checkbox"/> Cash	Amount (RM): _____
Testing RM _____	<input type="checkbox"/> Cheque / Bank Draft / Postal Order	Receipt No: _____
Labels RM _____	<b>(Payable to SIRIM QAS International Sdn. Bhd.)</b>	Invoice No: _____
Total Fees RM _____	Cheque No: _____	<b>Received by</b>
<b>JOB NO</b> _____	<input type="checkbox"/> Credit Card: Visa / Mastercard / Amex / Diners	b) Name _____
		a) Signature _____
		c) Date _____

Please tick (√) when the correct and relevant document is submitted.

No	Product Name	Brand	Model No	TYPE TEST REPORT *1	INV OIC E *2	P/LI ST *2	BILL OF LADING *2	K1 FOR M *3	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**Note \***

1. **TYPE TEST REPORT:** Must available before testing
2. **INVOICE, PACKING LIST, BILL OF LADING:** Must available before inspection
3. **K1 FORM:** Must available before recommendation and approval

Reviewed by:

Signature : \_\_\_\_\_

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

Date : \_\_\_\_\_

Remarks: