

To:

**DIRECTOR OF CERTIFICATION,  
IKRAM QA SERVICES SDN. BHD.,  
1<sup>ST</sup> FLOOR, BLOCK 5,  
TAMAN ILMU IKRAM (IKRAM PARK),  
JALAN SERDANG-KAJANG,  
43000 KAJANG,  
SELANGOR DARUL EHSAN.  
Tel.: 03-87383388  
Faks: 03-87367254**

<b>Bahagian ini untuk kegunaan IKRAM QA (Cert. Dept) sahaja</b>	
No. Pendaftaran Konsainan	
Tarikh Persampelan	
T.T.O.I.	

Sir,

## **“Consignment Sampling & Testing” (Imported Product/Material)**

**Product/Material Name:** .....

With reference to the above, we apply to seek your services for “Consignment Sampling & Testing” for our imported product as required under the Construction Industry Development Board Malaysia (CIDB) guideline “**Quest IMP 1.1 Guideline**” issued by CIDB.

2. Details regarding the consignment are as declared in **Appendix 1**.
3. A copy of the related Bill Of Lading and the Commercial Invoice/Packing List are enclosed with this application.
4. All products are still under the control of ‘Jabatan Kastam Diraja Malaysia’.
5. Enclosed herewith application fee amounting to RM \_\_\_\_\_ by Postal Order/Banker’s Cheque / Company’s Cheque No. \_\_\_\_\_ (Please issue in favour of IKRAM QA Services Sdn. Bhd.).
6. All samples use for testing, **\*will not be claimed back and we agree to allow IKRAM QA to dispose all samples / will claim back.** (For sample to be claimed, the Sample Returning Request Form – ML-F43 shall be filled completely and signed by the applicant).
7. I / we declares that the above information are to best of my/our knowledge are correct and true. I/we will comply with all the condition stipulated by your company and testing rules as stated on page 2.

Thank you.

**(Authorised Signature & Name)**

Put your company rubber stamp and phone here

\* Delete where not applicable

<b>Bahagian ini untuk kegunaan IKRAM QA sahaja</b>	
Bayaran dijelaskan <input type="checkbox"/>	Tarikh bayaran : _____ . Sampel dilupuskan <input type="checkbox"/>
	Tarikh sampel dilupuskan : _____

**Note: Application Fee – Per Bill of lading**

**- RM 500.00**

## Syarat – syarat Konsainan

1. Borang ini hendaklah diisi dengan lengkap.
2. Persampelan hanya akan dibuat di pintu masuk Malaysia yang berada di bawah kawalan Jabatan Kastam Diraja Malaysia. **Pengimport adalah bertanggungjawab** bagi memastikan barangan yang hendak disampel berada di dalam kawalan Jabatan Kastam Diraja Malaysia. IKRAM QA berhak menolak atau membatalkan konsainan jika barang yang hendak disampel tidak berada di bawah kawalan Jabatan Kastam Diraja Malaysia semasa persampelan.
3. Permohonan akan didaftarkan setelah borang permohonan berserta bayaran permohonan diterima. Dimana persampelan tidak dapat dijalankan atas sebab – sebab yang berlaku di bawah tanggungjawab pengimport setelah surat konsainan dikeluarkan, wang permohonan yang telah dibayar tidak akan dikembalikan.
4. Dimana persampelan tidak dapat dibuat semasa lawatan konsainan atas sebab-sebab yang berlaku di bawah tanggungjawab pengimport, pengimport tetap bertanggungjawab terhadap kos konsainan dan hendaklah menjelaskan apa-apa bayaran yang dikenakan kepada IKRAM QA, dan jika bayaran telah dibuat bayaran tidak akan dikembalikan.
5. Bagi contoh-contoh ujian yang akan diambil kembali, ianya hendaklah diambil dalam masa 30 hari selepas laporan ujian dikeluarkan. Jika gagal, tindakan melupuskannya akan dibuat tanpa sebarang notis dikeluarkan.
6. Bayaran ujian tidak akan dikembalikan jika ujian telah dijalankan. Jika pemohon membatalkan ujian sebelum ujian dijalankan bayaran sebanyak 30 peratus dari jumlah bayaran ujian akan dikenakan. Permohonan membatalkan ujian hendaklah melalui surat rasmi kepada Pengarah Persijilan Ikram QA Services Sdn. Bhd.
7. Sample akan hanya diuji selepas pemohon menjelaskan bayaran ujian yang berkenaan.
8. Bagaimanapun, sekiranya bayaran tidak dijelaskan semasa penghantaran sampel, permohonan di atas boleh diterima (tertakluk kepada budibicara dan kelulusan IKRAM QA) dan permohonan/sampel tersebut akan diberikan status 'Pending' dan tiada ujian dijalankan sehingga bayaran dijelaskan. Pemohon akan diberikan tempoh 30 hari dari tarikh sampel diterima untuk menjelaskan bayaran. Sekiranya pemohon gagal menjelaskan bayaran dalam tempoh tersebut, maka sampel tersebut akan dilupuskan dan permohonan baru perlu dibuat jika ujian ingin dilaksanakan.
9. Bagi kes-kes tertentu dimana ujian dibenarkan (dengan kebenaran Pengarah Persijilan sahaja) walaupun bayaran belum dijelaskan, kadar bayaran sebanyak 30 peratus dari jumlah bayaran ujian akan dikenakan kepada pemohon jika pemohon membatalkan ujian sebelum ujian dijalankan dan bayaran penuh akan dikenakan jika ujian telah dijalankan. Permohonan membatalkan ujian hendaklah melalui surat rasmi kepada Pengarah Persijilan Ikram QA Services Sdn. Bhd.
10. Laporan ujian akan dikeluarkan atas nama pemohon. Satu naskah laporan akan di serahkan kepada CIDB dalam sampul surat berasingan.
11. Ikram QA Services Sdn. Bhd. berhak untuk menolak permohonan jika syarat – syarat di atas tidak dipatuhi.
12. Ikram QA Services Sdn. Bhd. berhak membuat pindaan terhadap syarat- syarat penerimaan / ujian ke atas sampel tanpa sebarang notis.

**APPENDIX 1 (Page 1 of 5)**

**APPLICATION FOR CONSIGNMENT SAMPLING AND TESTING**  
 (Imported Product –For Compliance To CIDB Guidelines QUEST-IMP-Guidelines 1.1)

<b>A.</b>	<b>APPLICANT (IMPORTER)</b>	
	Name and address of company (Importer)	
	Name of representative/Contact person	
	Company Registration No.	
	Telephone No.	
	Fax No.	
<b>B.</b>	<b>MANUFACTURER</b>	
	Name and Address of Manufacturer	
	Name of Representative / Contact Person	
	Country of Manufacturer	
	Product Certificate and Certificate Number	
	Certification body	
	Telephone No.	
Fax No.		

**APPENDIX 1 (Page 2 of 5)**

<b>C.</b>	<b>PRODUCT</b> * Please complete Table F1 or F2 or F3	
	<b>Product / Material Name</b>	
	<b>Table no.</b>	
	<b>1.</b>	
	<b>2.</b>	
<b>D.</b>	<b>PRODUCT TRANSPORTATION INFORMATION</b>	
	Invoice No. (A copy of the invoice shall be submitted)	
	Date of invoice	
	Bill of lading No. (A copy of bill of lading shall be submitted)	
	Date of bill of lading	
	Product Specification	
	<b>E. SAMPLING INFORMATION</b>	
Proposed date for sampling		
Proposed time for sampling		
*Place and address for sampling		
Type of point of entry		
Contact Person		
Telephone No.		
Fax No.		

\*Place for sampling shall be done at the Malaysia point of entry under the control of Jabatan Kastam Diraja Malaysia

**APPENDIX 1 (Page 3 of 5)**

**Table F1**

F1.	PRODUCT INFORMATION FOR SANITARYWARE ONLY (WC PANS, WASH BASIN, PEDESTAL, URINAL & BIDET)			
	Product Name	Model no.	Trade name	Quantity
1				
2				
3				
4				

**Table F2**

F2.	PRODUCT INFORMATION FOR CERAMIC TILES ONLY				
	Product Name	Type of tile (exp: Glazed wall tile. etc)	Group of ceramic tiles (exp: BIII)	Trade mark	Quantity
1					
2					
3					
4					

**APPENDIX 1 (Page 4 of 5)**

**Table F3**

<b>F3.</b>	<b>PRODUCT INFORMATION FOR WIRE ROPE ONLY</b>	
1.	Quantity , in metres	
	Diameter, in mm	
	Classification or construction;	
	Required minimum breaking force	
	Finish, (bright or galvanized )	
	Rope Grade	
	Type of lay	
	Direction of lay	
	Preformed or non preformed	
	Min. breaking force factor, $K_1$	
	Type of core, core material;	
	Number and type (reels or coils) of packing unit	
	Size of package unit, in metres	
	Intended use, (suspension , governor, compensating)	
Lubricant		
2.	Quantity , in metres	
	Diameter, in mm	
	Classification or construction;	
	Required minimum breaking force	
	Finish, (bright or galvanized )	
	Rope Grade	
	Type of lay	
	Direction of lay	
	Preformed or non preformed	
	Min. breaking force factor, $K_1$	
	Type of core, core material;	
	Number and type (reels or coils) of packing unit	
	Size of package unit, in metres	
	Intended use,(suspension , governor, compensating)	
Lubricant		
3.	Quantity , in metres	
	Diameter, in mm	
	Classification or construction;	
	Required minimum breaking force	
	Finish, (bright or galvanized )	
	Rope Grade	
	Type of lay	
	Direction of lay	
	Preformed or non preformed	
	Min. breaking force factor, $K_1$	
	Type of core, core material;	
	Number and type (reels or coils) of packing unit	
	Size of package unit, in metres	
	Intended use, (suspension , governor, compensating)	
Lubricant		

**APPENDIX 1 (Page 5 of 5)**

Signature Name Designation Date	I declare that to the best of my knowledge the information given in this form are true and accurate.
Company official stamping (Company chop)	