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| SIRIM90 | **REGISTRATION FORM****VERIFICATION OF MACHINE/EQUIPMENT FOR AUTOMATION CAPITAL ALLOWANCE (A-CA)** | **Doc. No. : QSF02-039-01****Issue No. : 1 Rev 0****Page : 1 of 1****Effective Date : 11/9/2015** |

|  |  |
| --- | --- |
| **MACHINE/****EQUIPMENT** | 1. **1:**
 |
| 1. **2:**
 |
| 1. **3:**
 |
| 1. **COMPANY DATA**
 |
| **COMPANY NAME:****ADDRESS:**  | **CONTACT PERSON NAME:**Designation: Contact number: |
| ROC NO.: |
| GST ID NO.: |
| YEAR OF OPERATION:  |
| TELEPHONE:  | FAX: |
| WEBSITE: | EMAIL: |
| PRODUCTS: |
| 1. **ADDRESS OF EQUIPMENT/MACHINE TO BE VERIFIED (please tick)**
 |
| 🞏 Same as company address |
| 🞏 Different location (please provide the address) |
| 1. **REGISTRATION FORM FILLED BY**
 |
| Name: | Signature:  |
| Position: | Date:  |
| **FOR INTERNAL USE ONLY** |
| **MIDA REFERENCE:** |
| **RECEIVED AND CHECKED BY**Name: | **APPROVED FOR VERIFICATION**Name: |
| Date: | Date: |
| **ASSIGNED VERIFIER** |
| Verifier 1 (Lead): | Verifier 2: |
| Date of visit: |  |
| **SIRIM CHECKLIST** |
| 🞏 Approved MIDA A-CA Form | 🞏 Quotation No.: |
| 🞏 Invoice for Machine [1] [2] [3] | 🞏 Registration Payment. Receipt No.: |
| 🞏 Delivery Order for Machine [1] [2] [3] | 🞏 Verification Payment. Receipt No.: |

**Completed form can be faxed to 03-5544 6750 or emailed to:** ***telaha@sirim.my***