

MPI (L) SBF1

FOR OFFICE USE	
Application No.	:
File No.	:
Name of Applicant	:
Cheque No. (RM)	:



MINISTRY OF PLANTATION
AND COMMODITIES

MALAYSIAN BIOFUEL INDUSTRY ACT 2007
MALAYSIAN BIOFUEL INDUSTRY (LICENSING) REGULATIONS 2008
LICENCE APPLICATION FORM

Licence Application for the following activities:
(Please tick (✓) in the appropriate box)

Product		01	02
		Survey	Test
1	Biofuel		
2	Biofuel Blended With Any Other Fuel		
3	Biofuel Blended With Any Other Biofuel		

PART A

1. PARTICULARS OF APPLICANT (USE CAPITAL LETTER ONLY)

1.1 NAME OF APPLICANT/COMPANY :

1.2 CORRESPONDENCE ADDRESS :

Postcode

Telephone No.

Fax No.

E-Mail Address

1.3 ADDRESS OF REGISTERED OFFICE :

Postcode

Telephone No.

Fax No.

E-Mail Address

1.4 ADDRESS OF LICENSED PREMISE :			
Postcode		Telephone No.	
		Fax No.	
		E-Mail Address	

1.5 NAME OF HOLDING COMPANY (IF ANY) :
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1.6 ADDRESS OF HOLDING COMPANY :			
Postcode		Telephone No.	
		Fax No.	
		E-Mail Address	

PART B

2. PARTICULARS OF BUSINESS / COMPANY / ORGANISATION / OTHERS

2.1 LEGAL ENTITY STATUS :

01	Sole Proprietorship		05	Co-operative	
02	Partnership		06	Public Corporation	
03	Private Limited		07	Others (Please specify) :	
04	Limited			_____	

2.2 REGISTRATION NO. :

2.3 PARTICULARS OF COMPANY DIRECTORS : (Please attach Form 49 - Companies Act 1965)
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2.4 PARTICULARS OF MAIN SHAREHOLDERS : (Please attach Form 24 - Companies Act 1965)
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2.5 SHARE CAPITAL (%) :

A. MALAYSIAN CITIZEN

BUMIPUTERA		%	NON BUMIPUTERA		%
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B. NON CITIZEN

SPECIFY THE COUNTRY CONCERNED		%	%	%

(Please enclose attachment if needed)

2.6 EXISTING MITI MANUFACTURING LICENCE NO. :

PART C

3. PARTICULARS OF LICENSED ACTIVITY APPLIED FOR :

3.1 STATE BACKGROUND OF THE COMPANY (enclose Annual Report, if any):

3.2 THE OFFICERS CARRYING OUT THE ACTIVITY OF SURVEYING / TESTING THE BIOFUELS (Fill in the details for each of individual officers as in attachmnet 1) :

3.3 IS THE APPLICANT A MEMBER OF PROFESSIONAL OR INTERNATIONAL SOCIETY RELATING TO THE ACTIVITY APPLIED? (EXAMPLE AOCS, FOSFA, NIOP etc.) (Please state below)

3.4 DOES THE APPLICANT HAVE ANY RELATIONSHIP WITH ANY SURVEYING FIRM ABROAD?

3.5 PARTICULARS OF CUSTOMERS INTENDING TO USE YOUR SURVEYING / TESTING SERVICES:

Name of Clients	Address

PART D

4. OTHER EVIDENCE THAT MAY SUPPORT THIS APPLICATION :

PART E

5. HAVE THE APPLICANT BEEN CONVICTED OF ANY OFFENCE RELATING TO FRAUD?

YES / NO (If Yes, please give details)

PART F

6. HAS THE APPLICANT AT ANY TIME BEEN ADJUDICATED BANKRUPT OR AN ORDER OF WINDING UP (IF COMPANY) IS MADE AGAINST THE APPLICANT?

YES / NO (If Yes, please give details)

PART G

7. DECLARATION :

I, THE UNDERSIGNED, CONFIRM THAT ALL PARTICULARS IN THIS APPLICATION AND ANY DOCUMENTS SUBMITTED TO SUPPORT THIS APPLICATION, IF ANY, ARE TRUE, COMPLETE AND ACCURATE.

I UNDERSTAND THAT THE LICENSING AUTHORITY OF KPK IS ENTITLED TO REQUEST FOR FURTHER INFORMATION AND DOCUMENT TO SUPPORT THIS APPLICATION.

SIGNATURE
OF AUTHORISED OFFICERS * : _____

NAME : _____

IDENTITY CARD/ PASSPORT NO. : _____

OFFICIAL DESIGNATION : _____

TELEPHONE NO. : _____

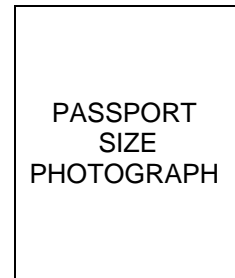
DATE : _____

* ONLY THE FOLLOWING PERSONS CAN SIGN THIS APPLICATION FORM:

- IF A COMPANY IS APPLYING - THE DIRECTOR;
- IF A SOLE PROPRIETORSHIP IS APPLYING - THE OWNER;
- IF A PARTNERSHIP IS APPLYING - THE PARTNER;
- IF STATUTORY BODY IS APPLYING - THE BOARD MEMBERS OR ITS EQUIVALENT;

OTHER CASES, AS MAY BE DETERMINED BY THE LICENSING AUTHORITY OF KPK.

DETAILS OF THE OFFICERS CARRYING OUT THE ACTIVITY OF SURVEYING / TESTING THE OIL PALM BODIESEL



1. NAME :

2. IDENTITY CARD NO. :

3. QUALIFICATION** :

4. EXPERIENCE ** :
.....
.....

5. JOB & ADDRESS :
OF CURRENT EMPLOYER
.....

6. IKM REGISTRATION NO. * :.....
(MALAYSIAN CHEMICAL INSTITUTE)
(For the activity of testing)

MPOB SURVEYOR COURSE
CERTIFICATE NO. * :.....
(For the activity of surveying)

YEAR ATTENDED THE MPOB :.....
SURVEYOR COURSE
(For the activity of surveying)

7. MEMBER OF ANY OTHER PROFESSIONAL OR INTERNATIONAL SOCIETY RELATING
TO TESTING AND SURVEYING ACTIVITIES :
.....
.....

* Please attach copies of document

** Please attach copies of document, if any