

OWNERSHIP AND KEY PERSONELA) Directors/Shareholders:-

Name	New I/C No.	No. of Years of related business experience

B) Key Personnel

<u>MANAGER</u>	Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>ENGINEERS</u>	Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>FOREMEN</u>	Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>MECHANIC</u>	Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>WELDERS</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>WIREMAN</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>SPRAY PAINTERS</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

<u>PANEL BEATERS</u>			
Name	New I/C No.	No. of years working experience	Previous Employer/Workshop

Note:-

- 1 Passport size photographs to be enclosed
- 2 Statutory Declaration based on Appendix I attached to be submitted by all owners,directors,shareholders and employees of the applicant.

9 LOCATION, CONSTRUCTION, STORAGE CAPACITY AND OWNERSHIP OF WORKSHOP

a) Location

<input type="checkbox"/>	Light Industrial Area	
<input type="checkbox"/>	Shophouse	
<input type="checkbox"/>	Others, please specify	_____

b) Accessibility: is it easily accessible?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If no, please provide remarks:

c) Construction of Workshop

i) Land Area	_____	sq. feet
ii) Built up Area	_____	sq. feet
iii) Wall	_____	
iv) Type of Roof	_____	

d) Premises

<input type="checkbox"/>	Owned
<input type="checkbox"/>	Rented

If rented, please provide name of owner/company:

e) Storage capacity

No. of vehicles	_____	Covered
	_____	Not covered

SECURITY OF WORKSHOP

Please tick / Yes/No on the following:-

a) Are you the sole occupier?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If no, please give details of other occupants and construction of partitions.

b) How long the premises has been occupied by you? _____

c) Do you employ any security guards/watchmen/caretaker?

Day and night	Only day time	Only night time
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If security is available please state whether the guards are employed from a security firm or own employee:-

Security Firm	Own employee
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

Please state the number of guards on duty _____

d) Is there any operational fire and burglar alarm system installed?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

e) External lightings provided at night?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

f) Communication facilities provided for guards?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please state:

11

INSURANCE COVER

(Copies of policies must be enclosed)

Please tick (/) against "Yes/No"

a)

Basic Fire Insurance
(YES / NO)

Type of perils covered:

- 1 _____
- 2 _____
- 3 _____

(To cover stock in
in trade including
customers motor
vehicles)

Sum Insured _____
 Policy No _____
 Period of Insurance _____
 Insurance Company _____

b)

Public Liability
(YES / NO)

Scope of Cover:

- 1 _____
- 2 _____
- 3 _____

(Policies must be
specifically endorsed
to cover customers'
vehicles in the
custody of workshop)

Sum Insured/Limit of Indemnity _____
 Policy No _____
 Period of Insurance _____
 Insurance Company _____

c)

Burglary Insurance
(YES / NO)

Scope of Cover:

- 1 _____
- 2 _____
- 3 _____

(Policies must be
specifically endorsed to
cover customers'
vehicles held in trust)

Sum Insured _____
 Policy No _____
 Period of Insurance _____
 Insurance Company _____

12

NATURE OF WORK/SERVICES CARRY OUT/PROVIDED AT YOUR WORKSHOP

	YES	NO	Additional notes
Welding	YES	NO	_____
Panel Beating	YES	NO	_____
Body Repair	YES	NO	_____
Spray Painting	YES	NO	_____
Car Wash & Polish	YES	NO	_____
24 Hours Towing	YES	NO	_____
Engine Service & Repair	YES	NO	_____
General Overhaul	YES	NO	_____
Electric Wiring	YES	NO	_____
Wheel Alignment	YES	NO	_____
Exhaust System	YES	NO	_____
Tyre Balancing	YES	NO	_____
Air Conditioning	YES	NO	_____
Cushion Upholstery	YES	NO	_____
Battery Delivery/Inspection	YES	NO	_____
Insurance Claims Service	YES	NO	_____
Fleet Maintenance	YES	NO	_____
Vehicle Valet & Inspection	YES	NO	_____
Truck Repair & Maintenance	YES	NO	_____

13

PROCESSING/ SURVEY/INSPECTION /ANNUAL FEE

Enclosed herewith the following payments:-

- i) Processing fee : Money Order/Postal Order/Cheque No: _____ for amount of *RM _____
- ii) Inspection fee : Money Order/Postal Order/Cheque No: _____ for amount of *RM _____

Note: Application/Processing Fee - RM100.00
 Inspection Fee - RM682.50 (including 5% service tax)
 Annual Fee - RM500.00 (payable upon admission to PARS)

14 SUPPORTING REQUIRED DOCUMENTS

The following supporting required documents must be submitted together with the duly completed application form:-

CHECKLIST

	YES	NO
1 Copies of valid business licences, Municipal licence, insurance policies	<input type="checkbox"/>	<input type="checkbox"/>
2 Statutory Declaration as per Appendix I together with passport size photographs to be submitted by all directors, shareholders and employees of the applicant.	<input type="checkbox"/>	<input type="checkbox"/>
3 Sketch plan of workshop and location map of workshop.	<input type="checkbox"/>	<input type="checkbox"/>
4 Photographs showing clearly the front view of the workshop with the signboard clearly displayed together with photograph indicating the capacity and facilities of the workshop.	<input type="checkbox"/>	<input type="checkbox"/>
5 Form 9,24, 49 and 32A (if applicable) for Private Limited Company/Public Company.	<input type="checkbox"/>	<input type="checkbox"/>
6 Copy of Memorandum and Articles of Association.	<input type="checkbox"/>	<input type="checkbox"/>
7 Copy of Audited Accounts.	<input type="checkbox"/>	<input type="checkbox"/>

15 APPLICANT'S DECLARATION

I/WE HEREBY:-

- (a) declare that the above information and statements submitted by me/us are true and correct.
- (b) note that the registration of my/our workshop with the Association as an Approved Repairer is on an ANNUAL basis.
- (c) undertake to notify the Association of any changes either in the ownership, personnel of the workshop or location of premises both during the period whilst this application is pending approval and if approved any time in the course of the year.
- (d) agree to pay Annual fee upon successful selection in the PARS.

Witness

Signature: _____

Signature: _____

Name: _____

Name: _____

I.C. No: _____

I.C. No: _____

Date: _____

Date: _____

Company: