

Application for Consultancy (MEDICAL DEVICES)

a) Company Information:

Company Name:		
Registration No. (ROC):		
Contact Person:		
Address:		
		Postcode:
Telephone:		
Fax:		
Email:		
Website:		
Total Manpower:		
Number of branch(es) / site(s) in the management system (if any): None Note: If more than one location, please provide details on a separate sheet.		
<u>Organization structure:</u> Department : Please refer to the organization chart. Function : Please refer to the organization chart.		
Shift Work & Activities <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe each shift activities / process: Shift A: Work hours [] Activities / Process involve: Shift B: Work hours [] Activities / Process involve: Shift C: Work hours [] Activities / Process involve:		

Contact us at:

++6011-2368 5001

Email

info@shinteklogy.com

Address

A-5-10, Empire Tower, SS16/1, Subang
Jaya, 47500 Selangor, Malaysia

b) The certification application:

The types of certifications applied: (please mark with "x" before the option)	
<input type="checkbox"/> Initial Setup <input type="checkbox"/> Regular Maintenance	
Integrated Management Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> GDPMD (RCMS) <input type="checkbox"/> ISO13485 (MD QMS) <input type="checkbox"/> CA (By Verification)	
<input type="checkbox"/> CA Technical Documentation On Medical Device	
Certification Scope:	
Exclusion Clauses: (Applicable to QMS only)	
Process Outsources:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outsourced Process:	
Process Outsources:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicable Products Legislation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Requirements:	
Target Date for Audit:	

c) Declaration:

We undertake to comply with the **Shinteklogy Sdn. Bhd.** rules and regulations to registration and to pay all fees and charges connected with the registration process, irrespective of the eventual granting of registration.

	<i>Signed for on behalf of STK</i>	<i>Signed for on behalf of client</i>
Sign		
Name		
Designation		
Date		
Company Stamp		

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