



MALAYSIA MARINE DEPARTMENT
HEADQUARTERS,
MENARA DIUS API
PT664, JALAN LIMBUNGAN
42007, PORT KLANG, SELANGOR.

Tel: +603 - 3162 9977
E-mail: bkim@marine.gov.my

LAMPIRAN 1

MARITIME TRAINING INSTITUTE APPLICATION FORM

Applicant's Name: _____

Organization Name: _____

Address: _____

Declaration:

- I / We* hereby declare that the information provided in the questionnaire is correct.
- I / We* hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.
- I / We* agree to pay all fees/costs pertaining to the issuance of certificate and any expenses which may be properly chargeable.

To: Director of Marine
Malaysia Marine Department
Port Kelang.

Sir,

Please be informed that I / we* would like to apply for an office inspection* as applied below:

Type of Audit:

- ☐ Interim
☐ Initial
☐ Annual
☐ Renewal
☐ Additional : _____

Proposal date for Audit : _____

(signature)

Position :
Mobile No. :
E-mail :
Date :

QUESTIONNAIRE

Please fill in this questionnaire to allow us to understand your business to serve you with the best positive manner.

1. List of New Courses to be audited (If Applicable)

NO.	Course Name	Date of CS:DR Approval
1		
2		
3		
4		
5		

Please return (e-mail) duly completed form to the above-mentioned address. Attention to Maritime Industrial Control Division, Malaysia Marine Department HQ, Port Klang.