

THE CLIENT INFORMATION REQUEST AND REVIEW

Activity ID:

PART 1 – (Client to Complete from I to VIII)

I. The General Information

| | | | |
|---------------------------------------|---|---------|--|
| Main Certification Holder and Address | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Others, specify: | | |
| Factory Name and Address | | | |
| Email | | Website | |
| Landline | | Fax | |
| Branch Name and Address | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Others, specify: | | |

II. Product Specifications

| Product | | Test | | |
|---------|----------|-----------|---------|------------|
| Details | Model/ID | Report ID | Code ID | Laboratory |
| | | | | |
| | | | | |
| | | | | |

Note: Additional sheet(s) may be added as needed

III. Other Data Required

| | | | | |
|---|--|--|---------|-----------|
| Is/are product(s) tested already? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is/are product(s) sampled by any entity other than your team? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, specify: | | |
| Are products manufactured/ installed already? | <input type="checkbox"/> No | <input type="checkbox"/> Yes, specify: | | |
| Any Approval Required? | <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: | | | |
| ISO 9001 Cert. Ref. ID: | | Issue date: | Expiry: | Issue By: |
| Existing Company Departments: | | | | |
| Do you require Gap Analysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others | | | |
| Any outsourcing activities in your company? | <input type="checkbox"/> No <input type="checkbox"/> Yes, specify pls. | | | |
| Do you require all stated companies to get certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No. specify | | | |
| Work Shift | | Working Time & Day | | |

IV. Supporting Documents Checklist and Brief Process

| Document Name | Attached | Remarks |
|------------------------|---|---------|
| ISO 9001 certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | |
| Company License/Reg | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | |
| Product Drawing or TDS | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | |
| Sampling Report (s) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | |
| Test Report(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | |

Note: Additional sheet(s) may be added as needed

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VII. Brief Process Flow



VIII. Client Confirmation

I, on behalf of the company confirms the following:

- The information provided are true and correct; and
- A consent is granted to IPS to access and review the documents and information provided herein.

| | | | |
|--------------------------------|--|-----------|--|
| Authorized Representative Name | | | |
| Designation | | Mobile | |
| Date Completed | | Signature | |
| Remarks | | | |

PART II – (FOR IPS ONLY)

IX. The General Information

| | | | |
|--|--|-----------|--|
| Company eligibility for certification | <input type="checkbox"/> Single site <input type="checkbox"/> Multiple sites <input type="checkbox"/> w/Distributor <input type="checkbox"/> Others, specify: | | |
| Certification Type and Scheme | <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T3 <input type="checkbox"/> T5 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Others.: Specify: | | |
| Category | <input type="checkbox"/> Product <input type="checkbox"/> Assembly <input type="checkbox"/> Others, specify: | | |
| Properties Required | <input type="checkbox"/> Fire <input type="checkbox"/> Acoustic <input type="checkbox"/> Others, specify: | | |
| Certification Type | <input type="checkbox"/> Single site <input type="checkbox"/> Multiple sites <input type="checkbox"/> w/Distributor <input type="checkbox"/> Others, specify | | |
| Scopes | <input type="checkbox"/> Door <input type="checkbox"/> Wall <input type="checkbox"/> Roof <input type="checkbox"/> Ceiling <input type="checkbox"/> Floor <input type="checkbox"/> Cladding <input type="checkbox"/> Core <input type="checkbox"/> Hardware <input type="checkbox"/> Coating <input type="checkbox"/> Sealant <input type="checkbox"/> GRC <input type="checkbox"/> GRP <input type="checkbox"/> GRG | | |
| | <input type="checkbox"/> Damper <input type="checkbox"/> Insulation Material <input type="checkbox"/> Hardware <input type="checkbox"/> Others, specify | | |
| QTY | | | |
| QMS Certification | <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid <input type="checkbox"/> Others, specify | | |
| Certification Zone | | | |
| Gap Analysis | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | | |
| Any outsourcing activities | | | |
| Sampling Required | <input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test <input type="checkbox"/> Post Cert. <input type="checkbox"/> Others, specify: | | |
| Total Scopes | | | |
| Fire Test Laboratory | | Test Code | |
| Total Audit Man-days | | | |
| Test Witnessing | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | | |
| Test Validation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others, specify | | |
| Accreditation Required | <input type="checkbox"/> EIAC <input type="checkbox"/> GAC <input type="checkbox"/> Others, specify | | |
| IPS Certification Personnel Availability | <input type="checkbox"/> Yes, Full Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> None <input type="checkbox"/> Others, specify: | | |

Note: 1 Man-day for up to 10 scopes of same category and type and 1 Man-day up to 15 test evidences of same scopes, type and category.

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X. Review Confirmation

| | | | |
|----------------|---------------------------------------|--|--|
| Name | | | |
| Date Completed | | Signature | |
| Review Type | <input type="checkbox"/> Pre-Contract | <input type="checkbox"/> Post Contract | <input type="checkbox"/> Others, specify |
| Remarks | | | |

Legend:

MCH: Main Certification Holder

T: Type

S: Scheme