

MPI (L) SBF1

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



**MINISTRY OF PLANTATION  
INDUSTRIES 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**

<b>2. PARTICULARS OF BUSINESS / COMPANY / ORGANISATION / OTHERS</b>
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2.1 LEGAL ENTITY STATUS :
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01	Sole Proprietorship		05	Co-operative	
02	Partnership		06	Public Corporation	
03	Private Limited		07	Others (Please specify) :	
04	Limited			_____	

2.2 REGISTRATION NO. :
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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 (%) :
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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. :
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**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 THE BIOFUELS (Fill in the report as in Sheet 1 for each of individual officers) :

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 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?**  
(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 MPIC 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. : \_\_\_\_\_

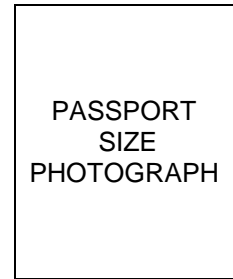
DATE : \_\_\_\_\_

\* 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 MPIC.

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



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. \* : .....

YEAR ATTENDED THE MPOB  
SURVEYOR COURSE : .....

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

**THE CHECKLIST OF GENERAL CRITERIA FOR LICENCE APPLICATION FOR EVERY CATEGORIES**

CRITERIA	CHECKLIST												
Complete Application form	<table border="1"> <tr> <td></td> <td>Filled up completely one set of the application form</td> </tr> </table>		Filled up completely one set of the application form										
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Verified documents to ensure the existing of the applicant	<b>A. SOLE PROPRIETORSHIP / PARTNERSHIP</b>												
	<table border="1"> <tr> <td></td> <td>Copy of new identity card</td> </tr> <tr> <td></td> <td>Copy of form D – Validation of Business Registration (The Registration of Businesses Act 1956)</td> </tr> <tr> <td></td> <td>Copy of Form A or Form B – Business Information (The Registration of Businesses Act 1956)</td> </tr> <tr> <td></td> <td>Copy of Form B – Trading Licence (Commercial Licence Ordinance 1948 for Sabah)</td> </tr> <tr> <td></td> <td>Copy of Commercial Registration Certificate (Certificate of Registration of Business Names Ordinance (CAP64 (Sarawak)</td> </tr> <tr> <td></td> <td>Copy of Form 1- The Business , Professions and Trades Licensing Ordinance of Sarawak</td> </tr> </table>		Copy of new identity card		Copy of form D – Validation of Business Registration (The Registration of Businesses Act 1956)		Copy of Form A or Form B – Business Information (The Registration of Businesses Act 1956)		Copy of Form B – Trading Licence (Commercial Licence Ordinance 1948 for Sabah)		Copy of Commercial Registration Certificate (Certificate of Registration of Business Names Ordinance (CAP64 (Sarawak)		Copy of Form 1- The Business , Professions and Trades Licensing Ordinance of Sarawak
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	<b>B. PRIVATE LIMITED (COMPANIES ACT 1965)</b>												
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	<b>D. CO-OPERATIVE/ASSOCIATION</b>												
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**OTHER RELEVANT DOCUMENTS FOR LICENCE APPLICATION**

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