Product Certification Unit,
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PRODUCT CERTIFICATION QUESTIONNAIRE
(PLYWOOD CERTIFICATION)

FOR INTERNAL USE ONLY

Enquiry Taken By:	Enquiry Date:	Method of Enquiry: ☐ Telephone ☐ Fax ☐ Email

A. APPLICANT INFORMATION

1. Name and address of applicant:

_____
_____

Company/Business Registration No.: _____

Contact Person: _____

Tel: _____ Fax: _____

2. Name and address of Factory/Manufacturer (*if different from A1*):

_____
_____

Company/Business Registration No.: _____

Contact Person: _____

Tel: _____ Fax: _____

If the company is registered with MTIB, please state TS No., category, and license validity date:

TS: _____/_____ ( ) Category: _____ License validity date: _____

3. Particulars of Certification currently held by the manufacturer, if any (including Quality System Certification)

_____

4. Do you have other production sites which would be included within this certification application?
   If yes, please provide details.

_____

_____

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B. PRODUCT INFORMATION

(Please provide information as listed below. Attach supplementary sheets if space provided is sufficient.)

1. Product Name:

_____

2. Type (s):

_____

3. Requirement for product certification scheme (please attach if documented):

- ☐ Organisation chart
- ☐ Quality planning (quality objective, mission, vision)
- ☐ Quality Manual
- ☐ List of Procedure
- ☐ ISO 9001 Certification if applicable no

Note : Complete documents as stated in the product standard [Plywood Certification Standard (MTIB-CB-PS 01)] in clause 6(6.1-6.15) are important to ensure that the company is eligible to participate in our certification scheme.

C. FACTORY INFORMATION

1. No. of employees: _____

2. Estimated monthly output of product to be certified (quantity): _____

3. No. of shifts per day: _____

4. Quality Control / Quality System (Yes / No)

D. DECLARATION

This is to certify that the information /statement given in this questionnaire are correct to my knowledge.

Signature: _____

Date: _____

Name of authorised representative: _____

Designation: _____

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