



3. Latest details on person who authorises this application:

Name			
Position			
Office Address			
		Postcode	
Contact Number	Tel No.:	Fax No.:	
e-mail			

4. Please indicate the current position of the following details compared to the current registration:

a) Change of office bearers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Change of company's capital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Change of company's ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Change of certification personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If there is any changes on the matters above, please include a separate attachment on the details in this application.**

5. Please include a report which include the current statistic of the certification that has been conducted through out the registration period and future planning in the event if this renewal application is approved. The report shall be written in national language **AND** English language. Please include a separate attachment on the details together with this application.

6. Payment for the renewal application as a Certifying Agency registered by MCMC is RM2,000.00 (**Ringgit Malaysia: Two Thousand**) only for each category per year. Renewal can be done for the period of a minimum of one (1) year up to a maximum of five (5) years.

7. Payment shall be made via Pos Malaysia Money Order, Bank Draft, or company cheque made payable to **"SURUHANJAYA KOMUNIKASI DAN MULTIMEDIA MALAYSIA"** and enclosed with this application form.

**APPLICANT DECLARATION**

\*I/We hereby declare that on \*my/our knowledge that the details above are true. \*I/We understand that any confusing statement, representation or false description on the details above is an offence under the Communications and Multimedia Act 1998, and its Regulations.

Date: .....

.....

Applicant's Signature and  
Company's Official Stamp

**FOR MCMC OFFICE USE ONLY**

Date of application received: .....

Reviewed by: .....  
Signature/Post

Officer's name: .....

Remark: .....  
.....

**PAYMENT RECORD**

Number of categories applied	<input type="checkbox"/>
Renewal Period (Year)	<input type="checkbox"/>
Total payment required (RM)	<input type="text"/>
Payment Received: *Cheque / PMO / BD	
No: <input type="text"/>	Total: <input type="text"/>

\* Remove the unnecessary