
APPLICATION FORM FOR COMMAND SET

Pengarah
Bahagian Kad Pintar Kerajaan
Aras 7, Bangunan Ibu Pejabat
Jabatan Pendaftaran Negara Malaysia
No 20, Persiaran Perdana, Persint 2
Pusat Pentadbiran Kerajaan Persekutuan
62551 **W.P. PUTRAJAYA**

Date:

Dear Sir/Madam,

Re: Application for The Command Set

With reference to the above, our organization would like to express the interest and intention of our organization to apply for the Command Set.

By submission of this letter, we acknowledge that we have obtained, read, understood and agreed to **Form CS01 – Terms and Conditions for The Application of Command Set** (the “**Document**”). We understand that submission of this application does not warrant an approval from the Government. We also warrant that the documentation submitted is true copy of the original and its content are correct / genuine.

Enclosed please find the following documentation to support this application:

Compulsory

- Form 9, 49 & 24, Memorandum and Articles of Association (for company),
Or Form B and Form D (for sole-proprietorship and partnership)
- Company Profile (includes detail on revenue, staff strength,
affiliates/partners and relevant experience)
- Write-up describing why the Command Set is required and implication of
not obtaining it; including whether a 3rd party would be engaged for
development work related to the Command Set
- Implementation plan of the project/product requiring the
Command Set (showing detailed timeline and target).

Recommended

- Certificate – Registration as a Contractor with Ministry of Finance
- Appointment as authorised distributor/value added of related products
- Appointment as vendor in a project related to the use of MyKad (Letter of
Award) and the project value
- Brochure of product that requires the Command Set

Other

(Please indicate other documentation that is submitted together with this application. Use a separate sheet if the space provided is insufficient.)

1. _____

2. _____

We look forward to receiving your response.

Dated: _____

Applicant's Authorized Signature and Stamp

Name: _____

I.C. No.: _____

Address:

Telephone:

Fax:

Email: