# **APPLICATION FORM FOR COMMAND SET**

#### Pengarah

Bahagian Pengurusan Teknologi Maklumat dan Komunikasi Aras 12, Ibu Pejabat Jabatan Pendaftaran Negara Malaysia No 20, Persiaran Perdana, Presint 2 Pusat Pentadbiran Kerajaan Persekutuan **62551 WILAYAH PERSEKUTUAN 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 **RK-JPN-TM-PP-11-01 : 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 registration proof by Suruhanjaya Syarikat Malaysia (SSM).
- 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 3<sup>rd</sup> 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 authorized 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

# <u>Other</u>

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

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We look for	ward to receive your response.	
Dated:		
	Applicant's Authorized Signature and Stamp	-
	Name:	-
	MyKad No.:	_
Address:		
Telephone: Fax:		
Email:		