



OCCUPATIONAL SAFETY & HEALTH TRAINING PROGRAMMES FOR SMI

SMI RENEWAL FORM

Company:

.....

ROC No.: ROB No.:

Contact Person:

Position:

Address:

.....

Postcode: Town:

State: H/p:

Tel: Fax:

Email: Website:

Year Grant Begins: Year Grant Ends:

Annual Turnover (RM):

No. Of Employees:

Nature of Business:

- | | | |
|--|--|---|
| Manufacturing <input type="checkbox"/> | Engineering & Fabricating <input type="checkbox"/> | Software Development <input type="checkbox"/> |
| Packaging <input type="checkbox"/> | Maintenance & Repair <input type="checkbox"/> | Wholesale & Retail <input type="checkbox"/> |
| Logistic <input type="checkbox"/> | Professional Services <input type="checkbox"/> | <input type="checkbox"/> |

Others (Please specify)

Industry Type (Please tick where applicable):

1	Electrical, Electronic inclusive of telecommunication	
2	Transportation & Shipping	
3	Machineries & Engineering	
4	Chemical & Petrochemical	
5	Food & Tobacco	
6	Metal Products	
7	Non-metallic Mineral Products	
8	Oil Palm Based Products	
9	Paper & Printing	
10	Plastic Products	
11	Rubber Products	
12	Leather & Apparel	
13	Wood Based Products	
14	Other (please specify):	

I certify that the above information is true to the best of my knowledge.

Name:

Company Stamp:

Designation:

Signature :

Date :



**** Please kindly attached the EPF Statement and Audited Annual Turnover @ Latest Bank statement**

Please send your form to:
NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH (NIOSH)
Lot 1, Jalan 15/1,
43650 Bandar Baru Bangi, Selangor.
Tel: 03-8769 2100 Fax: 03-89263900
Email : smi@niosh.com.my
Contact Person: Mrs. Suhaila Abd Hamid/Mrs. Mona-Afidzah Zulkipli