

SCHEDULE
FORM "A"
THE HYDROGEN CYANIDE (FUMIGATION) REGULATIONS

APPLICATION FOR A LICENCE

To
THE DIRECTOR GENERAL OF HEALTH,
MINISTRY OF HEALTH MALAYSIA

A. APPLICANT INFORMATION

1. Name :
2. IC No.
3. Residential Address :
4. Business Address :
5. Nationality :
6. Hphone No.
7. Tel. No. (Office)

B. Here I enclose the following:

1. Medical check-up report
2. Bank Draft / Postal Order / Money Order
3. 2 pieces coloured photo (passport size)
4. Photostat copy of the examination slip

Signed : Date :