



## MIRC e-Enablement Partner Application

MCA ICT Resource Centre  
 Level 12, Wisma MCA, 163 Jalan Ampang, 50450 Kuala Lumpur.  
 Tel: 603-2161 1618 Fax: 603-2161 3618 Website: [www.mirc.org.my](http://www.mirc.org.my)

- (1) All parts of this form must be duly completed and returned to MIRC at the above address.
- (2) Attach supporting documents where applicable or required.
- (3) MIRC reserves the right to reject an application without giving any reason.

### Part I: Company Information

Company Name:			
Company Address:			
	Postcode:		State:
Company Type:	<input type="checkbox"/> Sole Proprietor/ Partnership <input type="checkbox"/> Sdn. Bhd. <input type="checkbox"/> Public Listed Company <input type="checkbox"/> Others (please provide detail)		
Company Web Address:			
Business Registration No.:		Year Of Registration:	
Company Director 1:			
Company Director 2:			
Total Employees:	<input type="checkbox"/> 1 – 10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-50 <input type="checkbox"/> above 51
Contact Person			
Name:			
Title:			
Address:			
Office Tel.:			
Mobile Tel.:			
Email:			

Please provide the relevant supporting documents (tick if available):

- Form 24
- Form 49
- M&A
- Other relevant documents to support your company status  
 Please specify: \_\_\_\_\_



4. Indicate your products and services coverage area:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Klang Valley | <input type="checkbox"/> Penang              | <input type="checkbox"/> Johor Bahru         |
| <input type="checkbox"/> Selangor     | <input type="checkbox"/> Northern Peninsular | <input type="checkbox"/> Southern Peninsular |
| <input type="checkbox"/> East Coast   | <input type="checkbox"/> Sabah               | <input type="checkbox"/> Sarawak             |
| <input type="checkbox"/> Others       | Please specify: _____                        |  |

5. What are the activities needed to implement your products and services:

Activities		Applicable		Description
		Yes	No	
1	Consultation & services	<input type="checkbox"/>	<input type="checkbox"/>	
2	User requirement study & mapping	<input type="checkbox"/>	<input type="checkbox"/>	
3	Design & development	<input type="checkbox"/>	<input type="checkbox"/>	
4	Software installation & customisation	<input type="checkbox"/>	<input type="checkbox"/>	
5	User training	<input type="checkbox"/>	<input type="checkbox"/>	
6	Implementation	<input type="checkbox"/>	<input type="checkbox"/>	
7	After implementation support	<input type="checkbox"/>	<input type="checkbox"/>	
8	Others	<input type="checkbox"/>	<input type="checkbox"/>	

6. What is your committed response time for your product errors / problems:

Description		Response Time (Hour / Day)	On Site Support	Remarks
1	Non-critical error: <ul style="list-style-type: none"> <li>Customer can overcome with alternative manual process with:               <ol style="list-style-type: none"> <li>tolerable inconvenience</li> <li>great inconvenience</li> </ol> </li> </ul>	____ hour ____ days	<input type="checkbox"/>	
2	Critical error: <ul style="list-style-type: none"> <li>System hang or down</li> <li>System non-operational</li> <li>System could not be depended for customer operation</li> <li>Customer can overcome with manual process with great inconvenience</li> </ul>	____ hour ____ days	<input type="checkbox"/>	

Please attach a copy of the Maintenance Agreement (tick if available).

7. Products & services warranty:

Warranty Period (No. of Month)	Terms & Conditions

8. Provide 2 customers using your products and services for reference:

	Reference (1)	Reference (2)
1. Most recent implementation of your products / services:		
2. Company Name:		
3. Company Address:		
4. Contact Person:		
5. Contact Tel.:		
6. Contact E-mail:		

9. Please provide the price structure for your products and services:

Products & Sevices	Unit	Price (RM)	Qualifier, Terms and Condition

**Part III: Financial**

Please tick and fill in remarks if available.

Description	Yes	No	Remarks
1. Is your company currently under any legal litigation?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are any of your directors currently under any legal litigation?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are any of the directors under any bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	

Please attach a copy of a bank letter stating that the financial status of your company or 2 years audited report (tick if available).

**DECLARATION BY APPLICANT**

I hereby declare that:

1. I have fully understood and shall abide by the decision of the e-Enablement Committee;
2. All the information given in this application and all the documents submitted are complete, true and correct and I further authorize the e-Enablement Committee to verify the information from whatsoever sources and by whatever means that the e-Enablement Committee deems appropriate;
3. I understand that the e-Enablement Committee has the absolute discretion to approve and reject my application and I shall accept the e-Enablement Committee's decision on my application; and
4. The e-Enablement Committee will not be held responsible for any loss or delay in mail pertaining to my application.

\_\_\_\_\_  
 Signature of Applicant  
 Name: \_\_\_\_\_  
 Title: Director/ Partner/ Sole Proprietor  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Witness  
 Name: \_\_\_\_\_  
 Title: Director/ Partner/ Senior Manager  
 Date: \_\_\_\_\_

Company Stamp: