

# CICM Responsible Care Awards 2016/2017

Organizer:



Sponsors:



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## APPLICATION FORM

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### A. ORGANISATION DETAILS

Name of Chief Executive Officer / : \_\_\_\_\_  
Managing Director

Name of Responsible Care : \_\_\_\_\_  
Co-ordinator in the Company

Company : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No : \_\_\_\_\_

Fax No : \_\_\_\_\_

Email : \_\_\_\_\_

### B. PARTICIPATION IN THE CICM RESPONSIBLE CARE AWARDS 2016/2017

Our company will be participating in the CICM Responsible Care Awards 2016/2017. The category / chemical sub-sector and the Code(s) of Management Practices that we would be participating in are as follows:

#### CATEGORY / CHEMICAL SUB-SECTOR

- |                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Petrochemicals    |
| <input type="checkbox"/> | Oleochemicals     |
| <input type="checkbox"/> | General Chemicals |

#### CODES OF MANAGEMENT PRACTICES

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Distribution Code                             |
| <input type="checkbox"/> | Community Awareness & Emergency Response Code |
| <input type="checkbox"/> | Pollution Prevention Code                     |
| <input type="checkbox"/> | Process Safety Code                           |
| <input type="checkbox"/> | Employee Health and Safety Code               |
| <input type="checkbox"/> | Product Stewardship Code                      |

#### Notes:

1. Please indicate with a tick (✓) the Code(s) that your company would be participating in.
2. Companies are required to submit the entire self-evaluation form, including the Responsible Care Indicators of Performance form and the required supporting documents. Please contact the Secretariat if there are constraints in submitting the supporting documents due to confidentiality reasons
3. Participation fee per Code should be made payable to the "Chemical Industries Council of Malaysia".

**C. DECLARATION**

- I / We hereby declare that at the time of this Awards submission *(please tick (✓))*:
  - There were **NO** fatality cases and / or penalties imposed by the Government authorities (concerning safety, health and environment) against this plant site / company.
  - There were fatality cases and / or penalties imposed by the Government authorities (concerning safety, health and environment) against this plant site / company. This concerns the following Code(s) of Management Practices *(please state)*:  
\_\_\_\_\_  
\_\_\_\_\_
- I / We hereby declare that the information provided in the application and the accompanying documents are true and correct.

.....  
*Signature of Chief Executive Officer /  
Managing Director*

.....  
*Date*

.....  
*Name in Block Letters*

.....  
*Organisation Stamp*