

CICM Safe Road Award 2017

Organiser:



Sponsors:



APPLICATION FORM

A. ORGANISATION DETAILS

Name of Chief Executive Officer / : _____
Managing Director

Name of Transportation Manager / : _____
Co-ordinator in the Company

Company : _____

Address : _____

Address of Participating Site : _____
(if different from the above office address) _____

Tel No : _____

Fax No : _____

Email : _____

B. PARTICIPATION IN THE CICM SAFE ROAD AWARD 2017

Our company will be participating in the CICM Safe Road Award 2017. We would like to confirm that our company is *(please tick (✓) whichever applicable)*:

- A CICM member
 A Responsible Care signatory
 Main haulage contractor of a CICM member / Responsible Care signatory company.
(Please indicate) The said company is: _____

C. DECLARATION

- I / We hereby declare that during the period of assessment *(please tick (✓))*:
 - There were **NO** fatality cases and / or penalties imposed and / or licenses suspended by Government authorities (concerning transportation safety) against our company during the period of assessment i.e. July 2016 – June 2017.

- 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

Notes:

1. Companies are required to submit the entire self-evaluation form and the required supporting documents in soft copies.
2. Participation fee should be made payable to the "Chemical Industries Council of Malaysia".