

# CICM RESPONSIBLE CARE AWARDS 2026

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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 *(this person will serve as the focal point for enquiries and documentation & site assessment arrangements by CICM)*

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

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

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

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

### B. PARTICIPATION IN THE CICM RESPONSIBLE CARE AWARDS 2026

Our company will be participating in the CICM Responsible Care Awards 2026. 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

- Petrochemicals
- Oleochemicals
- General Chemicals

#### CODES OF MANAGEMENT PRACTICES

- Community Awareness & Emergency Response Code
- Distribution Code
- Employee Health and Safety Code
- Environmental Protection
- Process Safety Code
- Product Stewardship Code
- Security Code

### C. COMPANY PROFILE

Please provide a brief write-up of your company in 150-200 words together with the soft copy of your company logo *(in Adobe Illustrator (AI) and JPEG formats)*. This will be used for the Chemical Industry Dinner and other publicity activities related to the Award.

Yes, submitted together with this application form *(please tick (✓) if applicable)*

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## D. 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 during the period of assessment.

There were fatality cases and / or penalties imposed by the Government authorities (concerning safety, health and environment) against this plant site / company during the period of assessment. 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**

### Notes:

- Please indicate with a tick (✓) the Code(s) that your company would be participating in.
- Companies are required to submit the Responsible Care Assessment Checklist, 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
- An invoice will be issued by CICM to facilitate payment of the participation fee which could be made either online transfer or cheque