



Persatuan Makmal Akreditasi Malaysia

Registration of Consultants, Trainers and Internal Auditors

Registrant Information

Full Name: _____ Date: _____

Title _____ *Name* _____

Address: _____

Phone/mobile: _____ Email _____

Highest Academic Qualification: **PhD** **Master Degree** **Bachelor Degree**

Registration for: **Consultant** **Trainer** **Internal Auditor**

May select more than one category and fill out corresponding sections.

Consultant

Field of Experties:	1.					
	2.					

Consultation Fee rate	Man-Hours	RM/hrs		Negotiable?	YES	NO
	Man-Days	RM/day		Negotiable?	YES	NO
	Per Project Basis	RM				

Trainer

Field of Expertise:	1.					
	2.					

Trainer's Fee Rate	Man-Hours	RM/hrs		Negotiable?	YES	NO
	Man-Days	RM/day		Negotiable?	YES	NO
	Per Project Basis	RM				

Internal Auditor

Field of Expertise (please tick one or more)	<input type="checkbox"/>	Lead Assessor ISO/IEC 17025
	<input type="checkbox"/>	Technical Assessor (specify field):
	<input type="checkbox"/>	Other Assessment:

Assessment Fee rate	Man-Days	RM/hrs		Negotiable?	YES	NO
	Per Assessment Basis	RM				

Signature: _____ Date: _____