



Questionnaire – Verification on Evidence of Conformity of Medical Device (MDA, Malaysia)

The details provided within this questionnaire will be used to provide you with a quotation for the provision of Certification International’s assessment and certification services.

The questionnaire shall be signed by a senior member of management who has the authority to verify and confirm that all of the details are accurate.

Organisation Details			
Organisation name	[REDACTED]		
Main address of site to be certificated	[REDACTED]		
Establishment Type	<input type="checkbox"/> Local Manufacturer <input type="checkbox"/> Authorized Representative (AR)		
Establishment License No.	[REDACTED]		
Contact Name	[REDACTED]		
Position	[REDACTED]		
Telephone (Office)	[REDACTED]	Telephone (Mobile)	[REDACTED]
Facsimile	[REDACTED]		
Email address	[REDACTED]		
Website address	[REDACTED]		
Scope Details			
Please state the scope of certification	[REDACTED]		
Target date to commence verification on evidence of conformity of medical device	[REDACTED]		

Please attach the relevant continuation page(s) for the standards to be covered by certification.

Name: [REDACTED]

Signature:

Position: [REDACTED]

Date: [REDACTED]

