



FORM 1

APPLICATION FOR SPACE (CORPORATE) (NON-BINDING)

Notes & Guidelines for completing the Application Form.

1. Please complete FORM 1 **ONLY**, when you are applying for pre-built office or warehouse facility. Kindly note that if your project has to do with manufacturing activity, require land facility OR involve storage & distribution of chemicals with restricted items you would need to fill out FORM 2 and may also need to hold technical meetings with our Engineering Department and/or to get approval from other related government department (e.g. Department of Environment, Department of Occupational Safety & Health, Klang Town Council and etc.) – which will be handled by our One Stop Agency (OSA) Department on behalf of the client in Port Klang Free Zone (PKFZ) management office.
2. Please complete all sections and assess your facility, and your requirements. An incomplete application form could result in delays in approving your projects. If more space is required for any of the sections, please attach extra sheets. All information provided by you in the application will be dealt in strict confidence.
3. Please follow the British Unit System, which shall be applicable for all units of measurement, Ringgit Malaysia (RM) for currency details and the HS (harmonized System) for product codes related to import/export/re-export.
4. Completed applications forms with one page summary of proposed business activity and company profile should be submitted to the below address by mail, fax or by accessing our site to complete and submit the electronic form (Application for space) on-line at www.pkfz.com:

Sales & Marketing Department,
PKFZ Authority Office
Jalan FZ2-P5/KS12
Port Klang Free Zone, Precinct 5
42920 Pulau Indah
Selangor Darul Ehsan, Malaysia
Tel. No.: +603-31015568
Website: www.pkfz.com

Fax No: +603-31014489

TELL US MORE ABOUT YOURSELF

1- Your company's registered name & address (For individuals Please list your name).

Name:

Company registration number (ROB/ROC):

Address in full:

.....

City :...../.....Country

Telephone :.....Fax :.....E-mail/ Website

Contact Person:.....Contact No.....

2- Your Parent Company's name & address (if different from '1' above)

Name:

Address in full:

.....

City :...../.....Country :.....

Telephone :.....Fax :.....E-mail/ Website

TELL US ABOUT YOUR PROPOSED PROJECT IN THE PORT KLANG FREE ZONE

3- Registration Type:

* Establishing a company in the Port Klang Free Zone by registering as a

Sole Proprietor Partnership Private Limited Public Company

Local Incorporated Foreign Registered Others

Paid up capital/Share holder fund : RM_____

Equities : Foreign_____% Local_____%

*Please attached with a copy of the Registered Registration of Business (ROB)/Registration of Company (ROC), if applicable.

4- Appointment of forwarding / shipping agent:

Are you forwarding /shipping agent appointed by Customs, please specify your licence number,

OR

Did you have appointed any agent to handle your cargo movement in/out PKFZ, if yes, please name them:

Forwarding Agent Yes No
 Please

specify:.....

Shipping Agent Please

specify:.....

* Please attach a copy of the forwarding/shipping agent's license if you have a forwarding / shipping agent license approved by the Malaysian Royal Customs Department.

5- Proposed Business activity:

Manufacturing Commercial Service

Please give a brief outline of the main operation of the proposed activity (for commercial activity, list the commodities / products to be operating in PKFZ).

.....
.....
.....
.....

6- Proposed company's name in PKFZ:

First Choice :.....

Second Choice:

NOTE: YOU CANNOT USE THE NAME OF YOUR PROPOSED COMPANY, UNTIL YOU HAVE RECEIVED APPROVAL FROM THE COMPANIES COMMISSION OF MALAYSIA (CCM).

7- Facilities & services:

What Free Zone Facility would you need to lease and when?

Note: PKFZ cannot guarantee availability at the time of approval.

FACILITY REQUIRED	No. of Units	Area in sq ft	Date Required
OFFICE			
LIGHT INDUSTRIAL UNIT (Warehouse) Each unit is of 5,487 sq. ft			
PLOT OF LAND			

8- Workforce

What would be the proposed number of your workforce in PKFZ?

	Expatriate	Manager Local/Foreign	Supervisor Local/Foreign	Skilled Local/Foreign	Unskilled Local/Foreign
Male (No's)		/	/	/	/
Female (No's)		/	/	/	/
Total		/	/	/	/

9- Cargo movement & capital investment

A) Please indicate the projected cargo movement for your project:

	1 st Year				2 nd Year				3 rd year			
	Tons		Container		Tons		Container		Tons		Container	
	Import	Export	Import	Export	Import	Export	Import	Export	Import	Export	Import	Export
Through Northport												
Through Westport												
By Air cargo												
By Road												
By Rail												

B) What would be the levels of capital investment in your Project, in terms of?

Description	CURRENCY
Premises (Building – if constructed at your cost)	
Equipment / Machinery	
Working Capital	
Other	
Total	

10- Power & Utility requirements

Please indicate your Utility Requirements in term of:

	AVAILABILITY		USAGE
Electricity	YES / NO	KVA	
Water:	YES / NO	Cubic meters / day	
Fuel:	YES / NO	Cubic meters / day	
Gas(LPG):	YES / NO	Cubic meters / day	

11- Environment, Health & Safety issues

A) Details of Items to be traded / handled

Name of Item	Rate (Ton/day or cubic meter/day)	Method of Imp. Or Exp.	Type of Hazard Storage / Packing	IMO Class
1.				
2.				
3.				
4.				
5.				

B) Please tick relevant boxes. If any of the boxes are ticked, you will be required to complete attached PART B, and submit the same along with the Application Form 1.

<input type="checkbox"/>	Does your project have any anticipated Environment, Health or Safety concerns?
<input type="checkbox"/>	Does your project involve any manufacturing /assembling/or service operations?
<input type="checkbox"/>	Does your project involve the import/export/storage of any type of chemicals/gases/radioactive materials?
<input type="checkbox"/>	Does your project involve any internationally/locally prohibited/controlled items?
<input type="checkbox"/>	Does your project involve storage of any flammable items (paper, pulp, garments, cotton etc.) in the leased premises?
<input type="checkbox"/>	Will there be generation of any industrial /trade wastes from your operations?
<input type="checkbox"/>	Will there be any requirement of fuel (Oil/Gas) utilization for the project?
<input type="checkbox"/>	Will there be any requirement for Industrial Process/Cooling/ Wash Waters?
<input type="checkbox"/>	Will there be any requirement for direct berth access?

12- Feedback

How did you hear about the Port Klang Free Zone?

Please tick more than one if applicable and give details of names /date as per below:

Exhibitions	Direct Contact
Seminar	Business Visit by PKFZ / other delegation
Free Zone Representative / Jafza office	Newspaper/Magazine Advertising/Editorial or Press Release
Word of mouth	Video, CD ROM, and brochures
Internet / website	Direct mail campaign
Port Klang Authority (PKA)	Others

Name/Dates:.....

Have you already met any PKFZ (Sales & Marketing) Staff?

If yes, name (S):.....

13- Application completed by

SIGNATURE:.....

Name:.....

Company:.....

Position:.....

Date: