

APPLICATION FORM

Received date Ref. no.

FORM В

CHN/S TESTING & ANALYSIS SERVICE

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For Laboratory Use Only

CHNS/B/20___/

	SERVICE	Quotation Date com				
AF	PPLICANT INFORMATION		SAMPLE INFORMATION			
NAME :		☐ Chemicals				
ADDRESS :		 □ Catalyst □ Polymer □ Plants/fibre □ Soil □ Compost □ Petrochemical □ Coal □ Oil □ Others 				
CONTACT NO. :						
EMAIL :						
	DETAIL	S OF ANALYSIS				
	Sample holder	indication:				
Sample code	Sample weigh (mg)	Empirical formula	Remark			
_1						
_2						
_3						
_4						
_5						
_6						
_7						
_8						
_9						
_10						
_11						
_12						
(Please indicate your tin capsule location inside the sample holder – A/B/C/D/E/F/G/H)						
CONFIRMATION OF USING SERVICE						
Applicant sign	ature :	Date :				



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B
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RESEARCH FUND INFORMATION

(1) Service charge as follow. For latest charge please refer to Chemistry Department Central Facility Website: cenfac.um.edu.my

Equipment	Element detection	Price (RM/sample)	
Equipment	Element detection	External Institutions	
CHN/S	C, H, N, S	300	

- (2) Payment of service charge and method of payment is described in the quotation that will be provided to the user.
- (3) Invoice will be issued by the Division of Investment, Treasury Department, University of Malaya for the purpose of claiming payment for services that have been offered.
- (4) Results of analysis will be available for collection only after the Department of Chemistry has received any document that proved the payment has been made.

I hereby agree to make the payment in accordance to the quotation issued by the	Department of Chemistry, Faculty of Science,
University of Malaya, Kuala Lumpur	

DATE:

AUTHORISED PERSONNEL & COMPANY OFFICIAL STAMP

COMPANY REGISTRATION NO : GST ID :

GSTID

IMPORTANT INFORMATION

- 1. User(s) are required to:
 - (a) Book slot for analysis
 - (b) Complete the form prior to analysis
 - (c) Do payment
- 2. Sample must be in solid form. Please provide sample about 5.0 mg each
- 3. Sample must not a refractory materials

For any queries please contact:

Resource person	Name	Phone	Email
Assistant Science Officer	Mohd Zaidi Kamaruzaman	03-7967 2127/2126	eidiaz69@um.edu.my
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