



CUSTOMER REQUIREMENT FORM

Section A

Name : _____
 Company : _____
 Address : _____

 Date : _____
 Phone No : _____
 Fax No : _____
 E-mail : _____

Type of services:

Certification

- Product Certification
- EMC Certification
- Calibration

Testing

- Vibration
- Acoustic
- EMC
- Mass Properties
- Alignment
- Thermal

Tracking

- S-Band
- Uplink (2025 – 2110 MHz)
 - Downlink (2200 – 2290MHz)

Others (Please specify): _____

Details of enquiry (*Define specification and/or parameters*):

(If there is not enough space, please include additional sheet of papers)



Section B

For internal use	
<p>Customer Reference No. :</p> <p>Means of enquiry:</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail</p> <hr/> <p>Enquiry Related To:</p> <p>Section:</p> <p><input type="checkbox"/> Vibration Test System <input type="checkbox"/> Reverberation Acoustic Test Facility <input type="checkbox"/> Mass Properties Measurement System <input type="checkbox"/> Electromagnetic Compatibility Chamber <input type="checkbox"/> Alignment Measurement System <input type="checkbox"/> Thermal Vacuum Chamber <input type="checkbox"/> Radiometric Calibration and Characterization <input type="checkbox"/> Tracking <input type="checkbox"/> Others</p> <p>Others (Please specify):</p> <p>Enquiry received by : _____ Section : _____ Forwarded to : _____</p>	<p>Date :</p>
(To be filled-up by Testing Officer /Certification Officer)	
<p>Type of enquiry : a) General b) Request for information c) Request for services d) Request for quotation e) Others :</p> <p>Follow up action / Comment :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Date of response to customer :</p>



<p>Officer in charge :</p> <p>.....</p> <p>Name : Position :</p> <p>Approved by:</p> <p>.....</p> <p>Name : Position :</p>	
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