**APPLICATION FOR INCENTIVE AND / OR EXPATRIATE POST FOR**

 **MANAGER OF WASTE ECO PARK (WEP)**

|  |  |
| --- | --- |
| **1.** | **Company profile**(a) Name of company: |
|  |  |  |  |
|  |  |  |
|  | (b) Correspondence address: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  | Telephone / mobile no.: | Fax no.: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Contact person: |  | Designation: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | E-mail: |  | Website: |  |
|  |  |  |  |  |  |
|  |  |  |
|  | (c) | Date of incorporation: |  | Registration no.: |
|  |  |  |  |
|  |  |  |  |
|  | (d) | Income tax reference no.: |  | Income tax branch office: |
|  |  |  |  |
|  |  |  |  |
|  | (e) | Address of registered office: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Telephone no.: |  | Fax no.: |  |
|  |  |  |  |  |  |

1. Particular of Board of Directors\*:

|  |  |  |
| --- | --- | --- |
| Name and residential address | Nationality | % shares in company |
|       |       |       |
|       |       |       |
|       |       |       |

 Note: \* If insufficient space, please provide the same information on a separate sheet of paper.

1. **Company Status**

 *Please tick applicable box*

|  |  |
| --- | --- |
| 1. The company’s previous/current

activity / project.If yes, please provide details as follows;1. Project name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Project cost/investment (RM):\_\_\_
3. Project location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Project financing:
* Loan: RM\_\_\_\_\_

(Bank \_\_\_\_\_ / \_\_\_\_\_\_\_)* Other source: RM\_\_\_\_\_ (eg. advance from shareholder / retained earnings / \_\_\_\_ )
 |  [ ]  Yes [ ]  No |
| 1. Incentive/grant approved by MIDA/other government agencies (if any):
 |
| 1. Has the company applied for/ obtained any other incentives (fiscal / non-fiscal incentives)?
 |  [ ]  Yes [ ]  No |
| If yes, please provide details as follows;1. Approval agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of incentive/grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount of grant, if any : RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Date of approval of incentive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Duration of incentive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| (Please provide a copy of each of the approval letter)  |

1. Employment Structure

|  |  |
| --- | --- |
| **Category** | **Fulltime Employment** |
|  | **Malaysian** | **Foreign National** | **Total** |
|  | Degree | Diploma/Certificate | Others | Degree | Diploma/Certificate | Others |  |
| 1. Managerial Staff
 |  |  |  |  |  |  |  |
| 1. Company Directors
 |       |       |       |       |       |       |  |
| 1. Department Managers
 |       |       |       |       |       |       |  |
| 1. General Managers
 |       |       |       |       |       |       |  |
| Others (Please specify) |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
| 1. Technical & Supervisory Staff
 |  |  |  |  |  |  |  |
| 1. Accountant and Auditors
 |       |       |       |       |       |       |  |
| 1. Human Resource Personnel
 |       |       |       |       |       |       |  |
| 1. Sales & Marketing Personnel
 |       |       |       |       |       |       |  |
| Others (Please specify) |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
| 1. Clerical & Other Support Staff
 |  |  |  |       |       |       |  |
| 1. Secretaries
 |       |       |       |       |       |       |  |
| 1. Administrative Clerk
 |       |       |       |       |       |       |  |
| 1. Draughtman
 |       |       |       |       |       |       |  |
| 1. Accounting & Financing Clerk
 |       |       |       |       |       |       |  |
| 1. General Worker
 |       |       |       |       |       |       |  |
| 1. Security Officer
 |       |       |       |       |       |       |  |
| Others (Please specify) |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |  |
|  |  |  |  |  |  |  |  |
|       |       |       |       |       |       |       |  |
| **Total** |  |  |  |  |  |  |  |
| 1. Percentage of managerial and technical staff having diplomas/degree with a minimum of 5 years’ experience (of total workforce)
 |       % |
|  |  |
| 1. Number of staff with post graduate (ie. Masters / PhD) qualifications.
 |       |
|  |  |
| 1. In addition to fulltime employees as in above table, provide number of workers outsourced (not under company’s payroll)
 |       |

(d) Manpower by income:

|  |  |
| --- | --- |
| **Category** | **Number of Persons Employed by Average Monthly Salary (RM)** |
| **< 3000** | **3000 -<5000** | **5000-<10,000** | **>10,000** |
| Malaysian | Foreign National | Malaysian | Foreign National | Malaysian | Foreign National | Malaysian | Foreign National |
| 1. Managerial Staff
 |  |  |  |  |  |  |  |  |
| 1. Company Directors
 |       |       |       |       |       |       |       |       |
| 1. Department Manager
 |       |       |       |       |       |       |       |       |
| 1. General Managers
 |       |       |       |       |       |       |       |       |
| Others (Please specify) |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| 1. Technical & Supervisory Staff
 |  |  |  |  |  |  |  |  |
| 1. Accountant / Auditors
 |       |       |       |       |       |       |       |       |
| 1. HR Personnel
 |       |       |       |       |       |       |       |       |
| 1. Sales & Marketing
 |       |       |       |       |       |       |       |       |
| Others (Please specify) |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| 1. Clerical & Other Support Staff
 |       |       |       |       |       |       |       |       |
| 1. Secretaries
 |       |       |       |       |       |       |       |       |
| 1. Administrative Clerk
 |       |       |       |       |       |       |       |       |
| 1. Account Clerk
 |       |       |       |       |       |       |       |       |
| 1. General Worker
 |       |       |       |       |       |       |       |       |
| 1. Security Officer
 |       |       |       |       |       |       |       |       |
| Others (Please specify) |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

1. **Details of WEP Developer**

 Details of WEP Developer(s) appointing applicant as WEP Manager:

|  |  |  |
| --- | --- | --- |
| **No** | **Name of WEP developer(s)** | **WEP developer’s** **approval date** |
| 1 |       |  |
| 2 |       |  |
| 3 |       |  |

 Attach copy of letter of award / appointment.

|  |  |
| --- | --- |
|  | [x]  |

1. **Applicant’s Proposed Role / Services under Service Agreement (SA) with
Approved WEP Developer**

 Name of WEP Developer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of service agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tenure / Period of service agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scope of services:

|  |
| --- |
| * Promote and advertise WEP
 |
| * Manage facilities and infrastructure in WEP
 |
| * Ensure supply of types and amount/volume of wastes is according

to the capacity of the facility.  |
| * Manage segregation and separation of waste for WEP Operator’s  feedstock.
* Others, please specify\*:
 |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Contract Payment arrangement (RM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* Provide information on services offered to WEP Developer.

Is there any service to be provided / offered to WEP Operators (tenants)? If yes, specify below.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Estimated Investment (first 5 years)\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I. Fixed Assets**  **(RM)** | **Year 20..** | **Year 20..** | **Year 20..** | **Year 20..** | **Year 20..** |
| 1. |       |       |       |       |       |
| 2. |       |       |       |       |       |
| 3. |       |       |       |       |       |
| **Total Investment** |       |       |       |       |       |
|  Note: Provide above same info for other fixed assets on separate sheet if insufficient space. |

|  |
| --- |
| **II. Operating Expenditure** |
| **Item Expenditure** | **Value (RM)** |
| Year 1 (20\_\_ ) | Year 2(20\_\_ ) | Year 3(20\_\_ ) | Year 4(20\_\_ ) | Year 5(20\_\_ ) |
| 1. Rental
 |  |  |  |  |  |
| 1. Freight and storage
 |  |  |  |  |  |
| 1. Transportation
 |  |  |  |  |  |
| 1. Maintenance
 |  |  |  |  |  |
| 1. Employees Remuneration\*
 |  |  |  |  |  |
|  (i) Expatriates |  |  |  |  |  |
|  (ii) Local staff |  |  |  |  |  |
| 1. Housing
 |  |  |  |  |  |
| 1. Travelling
 |  |  |  |  |  |
| 1. Statutory contribution (e.g. EPF,SOCSO)
 |  |  |  |  |  |
| 1. Utility
 |  |  |  |  |  |
| 1. Communication
 |  |  |  |  |  |
| 1. Printing and stationery
 |  |  |  |  |  |
| 1. Interest
 |  |  |  |  |  |
| 1. Bank charges
 |  |  |  |  |  |
| 1. Others (Please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Total** |  |  |  |  |  |

\* To include wages, salaries, bonuses, social insurance contribution, etc.

1. **Financing Structure (for first 5 years)**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **RM**  | **%** |
| 1. **Authorised capital**
 |       |  |
| 1. **Shareholder’s fund**
 |  |  |
| 1. Paid-up Capital
 |  |  |
| 1. Malaysian Individual
 |  |  |
| * Bumiputera
 |       |  |
| * Non-Bumiputera
 |       |  |
| 1. Companies incorporated in Malaysia\*
 |  |  |
| *
 |       |  |
| *
 |       |  |
| 1. Foreign nationals / companies (Specify name & nationality / country of origin)\*
 |  |  |
| *
 |       |  |
| **Total of (i), (ii) and (iii)** |  | **100%** |
| 1. **Loan**
 |  |  |
| 1. Domestic
 |       |  |
| 1. Foreign
 |  |  |
| *
 |       |  |
| **Total Loan** |  |  |
| 1. **Other sources**
 |  |  |
| *
 |       |  |
| **Total Sources** |  |  |
| **Total of (2), (3) & (4)** |  |  |

\* Refer next page for the above (2)(a)(ii) and (iii)

\* For 2(a)(ii) & (iii), provide equity structure as follow:

|  |  |
| --- | --- |
| **ITEM** | **%** |
| Name of Company No.1\* |  |
| Bumiputra |  |
| Non-Bumiputra |  |
| Foreign nationals / companies (Specify name & nationality / country of origin)\* |  |
| *
 |  |
| **TOTAL** | **100%** |

 **\***Note: Provide information in a separate sheet if the company has more than one company

 incorporated in Malaysia as shareholder.

1. **a) Waste Source(s):**

i) Local Import Local & Import

 ii) Solid waste - Solid Waste Management and Public Cleansing Act, 2007

* Municipal solid waste
* Industrial waste
* Commercial waste
* Institutional waste
* Construction & demolition waste (C&D)
* Others, please specify :

 iii) Scheduled Waste -Environmental Quality Act, 1974

 Code SW : \_\_\_\_\_\_

Please refer to Environmental Quality (Schedule Waste Regulations) 2005, for types of scheduled wastes listed in the First Schedule.

 iv) Other category of waste, (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b) Type of waste to be processed (if any):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Waste**  | **Name of supplier** | **Quantity per month (tonnes)** | **% treated /****recovered /****recycled** **(% reduction** **of landfill)**  | **Remarks****(Details on the waste/products,** **if any)** |
| Construction & demolition  |  |
| Copper Slag  |  |
| Used Slag  |  |
| Food  |  |
| Tyre / Rubber  |  |
| Wood  |  |
| Horticultural  |  |
| Paper  |  |
| Plastic  |  |
| Metal  |  |
| Glass  |  |
| Textiles  |  |
| E-waste  |  |
| Refrigerant  |  |
| Luminaire/ Lighting Waste  |  |
| Others (please specify)  |  |

1. **Sources of Income**

|  |
| --- |
|  |
| Year of assessment | Income derived from services activities related to management, maintenance, supervision and marketing of WEP(RM) | % | Other sources of income\* (RM) | % | Total income(RM) |
| 20\_\_ |  |  |  |  |  |
| 20\_\_ |  |  |  |  |  |
| 20\_\_ |  |  |  |  |  |
| 20\_\_ |  |  |  |  |  |
| 20\_\_20\_\_20\_\_20\_\_20\_\_ |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| \* |  Please specify the activities:  |   |

1. **Details of Expatriate Posts**

Complete this section if applicant applying for expatriate post(s). **Exclude** expatriate post(s) applied directly with Immigration Department or any other department.

|  |
| --- |
| 1. New/additional post(s) applied:
 |
| **Designation** | **Type of post****(key/term post)** | **Number****of post(s)** | **Duration****(years)** | **Proposed minimum** **salary (RM)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Provide the following details for each expatriate post(s) applied for:

|  |  |
| --- | --- |
|  | Job function |
|  | Minimum academic/professional qualification required |
|  | Minimum period of experience required |
|  | Justification for request |
|  | Proposed training scheme for Malaysian personnel to fill the relevant posts |

1. Existing/approved post(s) (if any)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Name and nationality** | **Duration****approved** | **Date post filled** | **Expiry date** | **Basic salary paid (RM)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Note: Please include the expatriate post(s) that have been approved by the Immigration Department or any other department

1. Attach company’s organisational chart/structure indicating position(s) of

 existing/approved expatriate post(s).

1. **Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
|  I , |   | , the  |  |
|  | (name) |  |  (designation) |
| of |   |  |

 (name of company)

|  |  |
| --- | --- |
| (i)  | hereby declare that to the best of my knowledge, the particulars furnished in this application are true. |

|  |  |
| --- | --- |
| (ii)\* | have engaged / is planning to engage the services of the following consultant for my application : |
|  |  |
|  |  | Company Name | : |  |  |
|  |  | Address | : |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Contact Person | : |  |  |
|  |  | Designation | : |  |  |
|  |  | Telephone no. | : |  |  |
|  |  | Fax no. | : |  |  |
|  |  | E-mail | : |  |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  | I take full responsibility for all information submitted by the consultant(s). |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |  |  |  |
|  |  | Date |  | (Signature) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | (Company’s Stamp or Seal) |
|  | \* Complete this section if the company has engaged / is planning to engage the services of consultant(s) to act on behalf of the company.  |

**WEP MANAGER SUBMISSION CHECKLIST**

|  |
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| **Prepare three (3) sets and submit the following items together with application form:** |
| [ ]  | Form 9 - Companies Act, 1965 (Certificate of Incorporation of Private Company) |
| [ ]  | Form 24 - Companies Act, 1965 (Relevant forms reflecting paid up capital) |
| [ ]  | Form 44 - Companies Act, 1965 (Notice of Situation of Registered Office) |
| [ ]  | Form 49 - Companies Act, 1965 (Particulars of Directors, Managers and Secretaries)  |
| [ ]  | Memorandum and Articles of Association |
| [ ]  | Agreement with WEP Developer(i.e. letter of award / appointing applicant to provide management, consultancy, supervisory and/or marketing services in relation to the activity in WEP)  |
| [ ]  | Copy Management / audited accounts statement (if company incorporated more than 1 year) |
| [ ]  | Letter of award by relevant authorities on the waste management activities (if any) |