

# REQUEST FORM

## A. CUSTOMER INFORMATION

Client Name:	
Contact No.:	Company/Institution Name & Address:
Email:	
Centre for Automotive Engineering's Fellowship Status:	
<input type="checkbox"/> Fellow <input type="checkbox"/> Non-Fellow	

## B. SERVICE INFORMATION

Service Type: <input type="checkbox"/> Testing <input type="checkbox"/> Consultation <input type="checkbox"/> Rental <input type="checkbox"/> Training	No. of Sample / Testing:
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No.	Sample Description / Test Method	Equipment

**\*Note: All samples that have been sent must be taken back by the student/client within 2 weeks after service completion otherwise samples will be disposed.**

\_\_\_\_\_  
 Client  
 (sign & official stamp)

\_\_\_\_\_  
 Engineer / Technical / Lab Analyst  
 (sign & official stamp)

**(For Centre use only)**

Date Received:	Remark:
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