



## SARAWAK TIMBER LEGALITY VERIFICATION SYSTEM (STLVS) PANEL

c/o Forest Department Sarawak, 14<sup>th</sup> Floor, Wisma Sumber Alam

Jalan Stadium, Petra Jaya, 93660 Kuching, Sarawak

Tel : 082-319102, 319292 Fax :082319217

Website: [www.forestry.gov.my](http://www.forestry.gov.my)

### APPLICATION AS AN STLVS AUDIT FIRM

(Instruction: type or write clearly in black colour; leave no blanks. Write N/A for non-applicable. Incomplete, wrong or vague information could subject to rejection)

Type of STLVS Audit Applied:

[Please mark with (✓)]

Audit Firm for STLVS Principles 1 – 4

Audit Firm for STLVS Principles 5 – 6

Audit Firm for STLVS Principles 1 – 6

#### PART A – AUDIT FIRM PARTICULARS

Full Name of Audit Firm	
Registered Address	
Branch Address in Sarawak	
Company Registration Number ( <i>for Sarawak</i> )	
Email Address	
Office Phone Number	
Office Fax Number	
Website Address	
Previous Track Auditing Records of the Audit Firm ( <i>use separate sheet if required</i> )	
Audit Firm Profile ( <i>e.g. extract of business registration, annual return, etc</i> )	<i>Please attach together in this Application Form</i>

**PART B – LIST OF INDIVIDUAL AUDITOR**

Auditor Name and Curriculum Vitae <i>(use separate sheet if required)</i>	a.
	b.

**PART C – DECLARATION**

I am duly authorized by the Audit Firm to complete this application and I hereby declare and confirm that the details in this application are true and correct.

Signature : \_\_\_\_\_

Full Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Stamp : \_\_\_\_\_

Date : \_\_\_\_\_

**PART D – RECOMMENDATION BY THE STLVS PANEL**

- The applicant has fulfilled all the criteria and requirements to be registered as STLVS Audit Firm for STLVS Principles 1 - 4
- The applicant has fulfilled all the criteria and requirements to be registered as STLVS Audit Firm for STLVS Principles 5 - 6
- The applicant is not qualified as STLVS Audit Firm

Remarks:

Signed by:

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**(Deputy Director of Forests)**

**Date:** \_\_\_\_\_

**PART E – APPROVAL BY THE DIRECTOR**

**Audit Firm for STLVS Principles 1 – 6**

- Approved
- Not approved

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**Director of Forests**

**Date:** \_\_\_\_\_