

Form Person In Charge (PIC)	
Member of ICDX & ICH	
Company Name	:
Address	:
Phone & Fax Number	:
<u>Person in Charge (PIC) 1</u>	
Name	:
Handphone Number	:
Email	:
<u>Person in Charge (PIC) 2</u>	
Name	:
Handphone Number	:
Email	:
Approved By	
Stamp	
.....	
Directors Name	:
Date	:

Note,

1. Every information will be informed to registered PIC
2. If any change of the PIC please make the new form