



Management System Certification Audit Summary Report

Organization:	Jabatan Perpaduan Negara dan Integrasi Nasional				
Address:	(HQ) - Aras 7-10, Blok E2, Kompleks E, Pusat Pentadbiran Kerajaan Persekutuan 62502 Putrajaya, Malaysia Site 4 – Selangor Tingkat 9, Wisma PKPS, Persiaran Perbandaran, Seksyen 14, 40517 Shah Alam, Selangor, Malaysia Site 5 – Johor Tingkat 20, Bangunan KWSP, Jalan Dato' Dalam, 80000 Johor Bahru Johor, Malaysia Site 13 – Kelantan Tingkat 7, Wisma Persekutuan Jalan Bayam, 15200 Kota Bharu Kelantan, Malaysia Site 15 – Negeri Sembilan Tingkat 12, Wisma Persekutuan, Jalan Dato' Abdul Kadir 70000 Seremban, Negeri Sembilan, Malaysia Site 8 – Kedah Aras 3 Zon B, Wisma Persekutuan, Pusat Pentadbiran Kerajaan Persekutuan, 06550 Bandar Muadzam Shah, Kedah, Malaysia				
Standard(s):	ISO 9001:2008		Accreditation Body(s): UKAS & Standards Malaysia		
Representative:	Ms Caroline (caroline@jpnin.gov.my)				
Site(s) audited:	As per address above (6 sites) And other sites not audited are listed below under multi sites listing (11 sites)		Date(s) of audit(s):	K. Tinggi, Johor (11/09/14) K.Langat, Selangor (18/08/14) Pendang, Kedah (20/08/14) Jelebu, N.Sembilan (29/08/14) T.Merah, Kelantan (18/09/14) HQ (24/09/14)	
EAC Code:	36	NACE Code:	75.12,	Technical Area code:	QM36.1
		NACE DSM:	84.12		
Effective No. of Personnel:	920 employees		No. of Shifts:	Normal	
Lead auditor:	Ahmad Amin Isa (JPNIN K.Langat, Pendang, Jota Tinggi, T.Merah & HQ, Putrajaya)		Additional team member(s):	- Normalis Ali (JPNIN Jelebu, N.Sembilan)	
Additional Attendees and Roles	Nil				
This report is confidential and distribution is limited to the audit team, client representative and the SGS office.					

1. Audit objectives

The objectives of this audit were:

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- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

Management of National Unity, 'Rukun Tetangga' and Unity Kindergarten (Pengurusan Perpaduan Negara, Rukun Tetangga dan Tabika Perpaduan)

The audit covered all the ISO 9001:2008 requirements with exclusion made to Standard clause 7.3 (Design & Development), 7.5.2 (validation of process), 7.5.4 (customer property) and 7.6 (control of measuring devices) as justified in Quality Manual.

[Note: The detail audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit (including the dates and places where the audit activities (on site or offsite) were conducted) can be found in the Audit Planning Matrix and Audit Plan documents]

Has this scope been amended as a result of this audit?

Yes No

[Note: Highlight the changes in the amended scope.

(Example: Technical and geographical extension, reduction and changes)]

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

Yes No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization has has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 2 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

Granted / Continued / Withheld / Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective.
- The management system has not adequately addressed nonconformity identified during previous audit

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activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. Yes No

The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives. Yes No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. Yes No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. Yes No

Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks. N/A Yes No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

- Relating to Previous Audit Results/ Stage 1 Findings/ Certification History:

Previous non-conformity detected (if any) Total of 3 detected NC in previous audit and some observations highlighted in previous audit summary report.

Follow up on the previous NCs, the NC were responded with root cause investigations and corrective actions. Follow up on the corrective actions found all corrective actions were implemented as accordingly and recurrence of NC not detected. Corrective actions are considered effective.

Refer to closed CAR attached in audit report package file

Previous Audit Results (observation / OFI) Improvement actions sighted responding to the weak area / observations reported in previous audit report. Actions taken found satisfactory implemented.

- Relating to this Audit; including any significant changes (eg: to key personnel, client activities, management system, level of integration, etc.):

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Policy / objectives & programmes	Quality Objectives, Continual Improvement and Analysis of Data – Reviewed respective sections/areas quality objectives accordingly. Monitoring of objectives, analysis of data and continual improvement were verified as well.
Documentation and records control including level of integration (for Integrated Management System)	Document and Record Control – The documentation structure & control is adequate and compliance with the standard. The approval, amendment, identification, issuance & obsolete of documents found to be appropriate and accordance to documented procedure. Documents are accessible to all states offices via the internal internet system. Record control, storage, retrieval, identification and retention period are adequately addressed as trail throughout the audit process.
Comments on technical extension/reduction of scope of the certification (if applicable)	Not applicable.
Brief adequacy audit on document (applicable during renewal audit only) [Note: A separate stage 1 audit may be conducted in situations where there have been significant changes to the management system, or the context in which the management system is operating (e.g. changes to legislation)]	A brief site adequacy audit was carried out and the audit examined the client's system documentation and concluded that: <input checked="" type="checkbox"/> No significant changes as compared to previous visit. The management system is well defined, planned to meet the requirements of ISO9001 and is therefore confirmed for its' continuing suitability and effectiveness of the system documentation and internal audit programs <input type="checkbox"/> Significant changes as compared to previous visit. The management system is not well defined, planned to meet the requirements of ISO9001 and is therefore confirmed as inadequate and ineffective of the system documentation and internal audit programs. The inadequacy is reported as non-compliance in section 7 below.
Customer-related and other requirements	NA
Record of management review	Management Review minute dated 20/08/14 sighted. Chaired by representative from Top Management. All required agenda such as objective/target, policy, QMS system performance, complaint and internal audit were adequately covered. This appears to represent a satisfactory review by the Top Management to review and confirm the suitability and effectiveness of the QMS implementation.
Record of internal audit	Internal Audit done on 5-23 June 2014. A total of 41 CARs and 86 observations were raised. All issues raised were found satisfactory followed-up by related function and level within the organization. Impartiality of internal auditors as appropriately maintained. The results and internal audit done appears to represent a reliable tool that the QMS has been implemented and properly maintained by internal resources.
Compliance evaluation	The was no violation of any applicable rules and regulation as reported since the last audit.
Comments on : Corrective and preventive action	Corrective action is triggered via CAR form following any customer complaint or internal related non-conformity raised/received, including non-conformity raised during IQA.

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Complaint (external / Interested parties), appeals	A total of 29 customer complaints were received in year 2013 commenced for RT and SRS while only 17 received regarding TP. These have been reported and registered in the CAR form and replied to customers accordingly. All the CARs were reviewed and found in accordance to standard requirements.
External communication records (e.g. product recall)	No product recall
Customer Satisfaction	Customer satisfaction level is measured through surveys conducted twice a year at districts and states levels. Districts and states levels surveys were reviewed at all the 5 sites audited. Surveys were feedback, complied and analysed by the Head Offices. Response from surveys were encouraging with positive & negative responses were gathered and planned for necessary improvement.
Continual improvement	Overall summary of continual improvement through the used of the quality policy, objectives monitoring, audit results, analysis of data, corrective & preventive actions and management review were found in place except for nonconformity (if any) raised & observations highlighted.
Use of certificate and logo	The organization uses the logo and the certificate (e.g. on business cards, company brochures, websites etc.) in compliance with SGS on the use of logo.

In summary, based on files reviewed and access to records of complaints and/or accident report, the organization has investigated its own systems and procedures and taken appropriate corrective action which include measures for but not limited to the followings: *(tick where appropriate)*:

- Notification to appropriate authorities if required by regulation : N/A Yes No
- Restoring conformity as quickly as practicable N/A Yes No
- Preventing recurrence N/A Yes No
- Evaluating and mitigating any adverse product/service quality and their associated risks N/A Yes No
- Ensuring satisfactory interaction with other components of the respective basis standard of management system N/A Yes No
- Assessing the effectiveness of the corrective / preventive measures adopted N/A Yes No

Other legible, identifiable and traceable records to the activities audited based on random sampling process were:

- Unity Management Division – This was the new division established and included under the new scope extension. The division comprised of two sections i.e. Administration of Social Harmony Issue (*Pengurusan Perpaduan*) – PP and Administration of Unity Activities (*Perpaduan Masyarakat & Integrasi Nasional*) – PMIN. Establishment of PP was with the objective of monitoring & intervention of any potential incident that could adversely affect national harmony whereas PMIN main goal was managing nationwide activities for the purpose of creating and enhancing community cohesion & national integration. Activities of PP and PMIN sections were limited to Head Office at the moment. Execution of PP activities is already started by 2014 by using e-sepakat system. This system consist of i-kes, i-muhibah and i-pain point beside a few more functional i.e. aras petunjuk risiko (APR with coding of green, yellow and red). A few sample taken such as isu agama – kalimah Allah dated 10/7/14 for i-kes, public forum Malaysia Agreement 1963 organised by SAPA dated 10/9/14 for i-muhibah. PMIN processes were verified through the established web-based system e-SEPAKAT, e.g. 1) program larian semarak kemerdekaan ke 56

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dated 16-20 Oct 2014, bengkel guru penasihat dan pegawai penyelararas kelas rukun Negara JPNIN tahun 2013 dated 1-2 July 2013.

- Tabika Perpaduan (TP) – Covering processes of Unity Kindergarten opening, application/removal & approval, appointment of administration members, operations, distribution & allocation of food & drinks budgets and relevant collection & TP analysis of data. For all audited sites (JPNIN Kota Tinggi, Kuala Langat, Jelebu, Pendang, Tanah Merah, and Head Office, Putrajaya) audit sampled were checked for several TP, e.g. for Kuala Langat (TP Taman Mutiara A, TP Banting), Pendang (TP Taman Setia), Kota Tinggi (TP Taman Sri Saujana Zon 7), Tanah Merah (TP Banggol Jenerih). Relevant records were trailed accordingly including necessary trails to be confirmed at Head Office.
- Rukun Tetangga (RT) – Covering processes of establishment of RT areas (including upload to eRT system after approval form Director), appointment of administration members, distribution & allocation of grants, training of administration members, relevant collection & analysis of RT data and application of administration of Skim Rondaan Sukarela (SRS). For all audited sites (JPNIN Kota Tinggi, Kuala Langat, Jelebu, Pendang, Tanah Merah, and Head Office, Putrajaya) audit sampled were verified for several RT, e.g. Kuala Langat (KRT Telok Datok, Taman Kemuning), Kota Tinggi (Taman Berjaya & Taman Sri Wawasan), Tanah Merah (KRT Padang Guchil, Kg Gual Ipoh). Relevant records were trailed accordingly including trails to be confirmed at Head Office, where necessary.
- Aktiviti Perpaduan (AP) – Verified activity for unity programme at district level; i.e. Kota Tinggi (laporan seminar keselamatan kejurangan peringkat daerah Kota Tinggi) Tanah Merah (Program Jom Ronda SRS kawasan rukun tetangga perumahan awam Khusus Baru, daerah Tanah Merah),
- Training & Competency (including staff and teacher) – Verified for several staffs e.g. for Aini Bt Abas (TP Sg Jarom B, Asmah Sodai (teacher), Sharifah (PPP K.Langat), Noraida (PPP K.Langat) from several positions and job responsibilities. Other relevant trails including training calendars and respective training & training effectiveness evaluation records.

Others secondary interaction processes as per the audit plan was followed through and where appropriate the activities and functions were reviewed and highlighted as either as non-conformities and/or opportunities for improvement points.

7. Nonconformities

NonConformity	N° 1 of 2	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	Administration of <i>Rukun Tetangga</i> – RT, HQ	Standard Ref.:	ISO 9001:2008 (7.5.1)
Document Ref.:	JPNIN/RT/01	Issue / Rev. Status:	Latest
Details of Nonconformity:	Procedure no JPNIN/RT01 rev 4 is referred. Meeting was conducted in quarterly basis to discuss performance of activity by KRT and SRS, financial statement, criminal case, 'laporan rondaan SRS', master book for any related information related to activity by RT and SRS. However, there is no discussion on master book as well as criminal case. Furthermore, there is no discussion was minuted on area of concern and action to be taken for any unachieved target. This meeting is refer to Minit mesyuarat pemantauan dan penyelararas aktiviti RT dan SRS jabatan perpaduan Negara dan integrasi nasional negeri Kelantan bil 2/2014 dated 26/06/14.		

NonConformity	N°	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	PP	Standard Ref.:	7.5.1
Document Ref.:	JPNIN/PP/01	Issue / Rev. Status:	latest
Details of Nonconformity:	Referring to the above procedure related to the 'borang tiada i-kes' that need to update before 5hb each month, there is no evident of monitoring to ensure that all district have update in the system (e-sepakat) accordingly before the system will generate the		

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analysis based on i-kes, i-muhibbah, i-pain point.

NonConformity	N°	<input type="checkbox"/> Major	<input type="checkbox"/> Minor
Department / Function:		Standard Ref.:	
Document Ref.:		Issue / Rev. Status:	
Details of Nonconformity:			

Client Proposed Action to Address Minor Non-Conformances Raised at this Audit:

Non conformity description	Comments on proposed corrective action
Refer to section 7 for details	The organization has analyzed causes to each nonconformity listed in section 7 above and has proposed appropriate corrective action to improve effectiveness of its management system and prevent recurrence. Details on cause of the nonconformity and corrective action can be referred to organization's corrective action record appended to this report. The auditor(s) have reviewed all the submitted action plans for NC No. 1, 2 and found they are acceptable. Verification of all improvement action plans taken shall take place in the next surveillance/renewal visit.

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
- Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and **records with supporting evidence sent to the SGS auditor** for close-out within 90 days.
- Corrective Actions to address identified minor non conformities including a cause analysis, shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.
- Corrective Actions to address identified minor non-conformities including a cause analysis, have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
- Appropriate cause analysis and immediate corrective and preventative action taken in response to each non-conformance as required.

• Organisation Closed (Received)
Date:-

• SSC (Auditor) Closed
Date:-

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

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8. General Observations & Opportunities for Improvement

Generally, all personnel are corporative and positive towards the whole audit process. The operation and other related processes and arrangement show great potential in further system stabilization. Overall, cooperation from all staff enable the audit to be completed successfully as per schedule planned.

The following opportunity for improvement was proposed to further improve the QMS.

Positive comment:

Areas for improvement / observations:

JPNIN Kuala Langat, Selangor

1. To obtain copy of typhoid vaccination among teacher and assistant teacher for TP at district office.
2. As discussed in the management meeting at state level, a few RT found late to open an account once receive an approval from HQ in order to issue certificate of establishment.

JPNIN Pendang

3. External document and reference document for relevant SOP (i.e. JPNIN/TP/05) could be update accordingly i.e. Dokumen Standard Kurikulum (Pra Sekolah) – 2010, Lembaran Kerja TP.
4. Referring to 'Panduan Kenaziran item 3.1.1 (ii)' Rancangan Pengajaran Harian (RPH) could be update with actual document at TP which is 'Rekod Persediaan Mengajar'.
5. Any new procedure could be prompt with 'new' in website i.e. JPNIN/RT01 dated 1/3/13.
6. Obsolete document at district level could be identify with specific identification to avoid unintended used and update the relevant procedure accordingly even it already mention that 'all printed document was identified as uncontrolled document'.

JPNIN Kota Tinggi

7. With reference to the Procedure JPNIN/TP/05 rev 3, noted that reference document for Pekeliling Tabika Perpaduan could be promptly update with latest revision (year 2014).
8. Due to new record for monitoring of typhoid vaccination among teacher and assistant teacher, the relevant form (Pekeliling Tabika Perpaduan 2014 lampiran TP G3) could be updated accordingly. This activity also could be update in the 'Panduan Kenaziran' (Observation guideline) checklist.
9. JPNIN/RT01 rev 4 lampiran 4 is referred. Due to new system of e-RT on updating of RT's programme by participant in 'maklumat mesyuarat kawasan RT', there is no more attachment required for photo (4 nos), log book programme, programme ittenary etc as per previous report on hard copy (laporan pelaksanaan akticiti RT).

JPNIN Tanah Merah

10. Impact assessment for KRT and SRS programme could be monitor on number of responsiveness.
11. Awareness training among PPD could be enhance on involvement in auditing programme as well as refreshment training against the ISO standards.
12. Evaluation form could be further review to include evaluation from immediate superior by PPD.
13. Programme by KRT could be promptly upload to the system for reference by PPD and can be present in state level in quarterly basis.
14. Non active KRT could be follow up in quarterly basis as this report can be generate from the system at any time and reminder letter could be issue appropriately.

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15. Evaluation of teacher and assistant teacher after attending any course could be further justify in the relevant procedure.

HQ

16. Calender activity for every state regarding 'AP' coule be promptly kept and update at HQ for reference purpose.
17. Relevant procedure could be update with the report that need to submit to KDN (Kementerian Dalam Negeri) and MKN (Majlis Keselamatan Negara) in term of i-kes or i-muhibbah that need to get further instruction.
18. Effectiveness level or followup action to be promptly update in the CAR form.
19. I-mediator could be update and further justify in the relevant procedure.

Any unresolved issues identified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please provide details here:		
Any necessary changes to the next Surveillance/Renewal audit plan:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, provide comments or details here:		

9. Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing

Appendix 1

Multi-site address list (list all sites audited)

Site Name / Address	Audit Dates	Activities at this site

<p>Head Office: Aras 7-10, Blok E2, Kompleks E, Pusat Pentadbiran Kerajaan Persekutuan 62502 Putrajaya, Malaysia</p>	<p>6/9/13 (V1R) V2 (24 Sept 2014) V3 (Sept 2015)</p>	<p>Management review, Internal Quality Audit, customer complaint and satisfaction, corrective & preventive action, data analysis, document & record control, human resources, purchasing. Rukun Tetangga : approval process for determining locality, members appointment, grant allotment, members training, data collection, maintenance, locality revision and cancellation. Tabika Perpaduan (unity kindergarten): initiation of classes, pupils intake, institution of committee purchasing of furniture & tools, appointment of teacher, teacher's training, class shifting, grant allocation for meal, data collection and maintenance Unity Management Division - Administration of Social Harmony Issue (<i>Pengurusan Perpaduan</i>) – PP - Administration of Unity Activities (<i>Perpaduan Masyarakat & Integrasi Nasional</i>) - PMIN</p>
<p>Site 1 – Kuala Lumpur Suite 105, Tingkat 1, Wisma Mirama, Jalan Wisma Putra 50460 Kuala Lumpur, Malaysia</p>	<p>27/8/13 (V1R)</p>	<p>Administration of Rukun Tetangga and Tabika Perpaduan at state level (processing application, review, submission to HQ for approval, co-ordination of HQ training and monthly data/report analysis) Handing of customer complaint, satisfaction, correction and preventive action.</p>
<p>Site 2 – Penang Aras 5, Bangunan Persekutuan, Jalan Anson, 10400 Pulau Pinang, Malaysia</p>	<p>V3 (Sept 2015)</p>	<p>- as above -</p>
<p>Site 3 – Sabah Aras 3, Blok A, WDT 433, Kompleks Pentadbiran Kerajaan Persekutuan, Jalan UMS Sulaman Likas, 88400 Kota Kinabalu, Sabah, Malaysia</p>	<p>V3 (Sept 2015)</p>	<p>- as above -</p>
<p>Site 4 – Selangor Tingkat 9, Wisma PKPS, Persiaran Perbandaran, Seksyen 14, 40517 Shah Alam, Selangor, Malaysia</p>	<p>V2 (18 Aug 2014)</p>	<p>- as above -</p>
<p>Site 5 – Johor Tingkat 20, Bangunan KWSP, Jalan Dato' Dalam, 80000 Johor Bahru Johor, Malaysia</p>	<p>V2 (13 Aug 2014)</p>	<p>- as above -</p>
<p>Site 6 – Melaka Tingkat 3, Blok Podium, Menara Persekutuan, Jalan Persekutuan MITC, Hang Tuah Jaya, 75450 Ayer Keroh, Melaka, Malaysia</p>	<p>V1r (6/9/13)</p>	<p>- as above -</p>
<p>Site 7 – Labuan No. 4 (A-1), Blok 4, Tingkat 4, Kompleks Ujana Kewangan, Peti Surat 81279, 87022 Wilayah Persekutuan Labuan, Malaysia</p>	<p>V3 (Sept 2015)</p>	<p>- as above -</p>

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Site 9 – Terengganu Tingkat 12, Wisma Persekutuan, Jalan Sultan Ismail, 20200 Kuala Terengganu, Terengganu, Malaysia	V3 (Sept 2015)	- as above -
Site 10 – Sarawak Tingkat 9, Bangunan Sultan Iskandar, Jalan Simpang Tiga, Peti Surat 2384, 93250 Kuching, Sarawak, Malaysia	28/8/13 (V1R)	- as above -
Site 11 – Perlis Tingkat 2, Bangunan Tun Haji Abdul Razak, 01000 Kangar, Perlis, Malaysia	6/9/13 (V1R)	- as above -
Site 12 – Pahang Tingkat 2, Blok A-B, No. 211, 213, 217 & 218, Bangunan Centre Point, Jalan Haji Abdul Rahman, 25000 Kuantan, Pahang, Malaysia	30/8/13 (V1R)	- as above -
Site 13 – Kelantan Tingkat 7, Wisma Persekutuan Jalan Bayam, 15200 Kota Bharu Kelantan, Malaysia	V2 (18 Sept 2014)	- as above -
Site 14 – Perak Aras 3, Block C, Bangunan Persekutuan Ipoh, Jalan Dato' Seri Ahmad Said, 30450 Ipoh Perak, Malaysia	V3 (Sept 2015)	- as above -
Site 15 – Negeri Sembilan Tingkat 12, Wisma Persekutuan, Jalan Dato' Abdul Kadir 70000 Seremban, Negeri Sembilan , Malaysia	V2 (29 Aug 2014)	- as above -
Site 16 – WP Putrajaya Aras 8, Blok E2, Kompleks E, Pusat Pentadbiran Kerajaan Persekutuan, 62502 Putrajaya, Malaysia	TBA	- as above -