

ISSUED: 12.05.2023

REQUEST FOR

*Request for Technical Inspection Report

CERTIFICATE OF CONFORMITY*

*Request for Certification of Inspection

request. Incomplete applications will not be processed. **SHIPMENT CERTIFICATION REQUEST FOR (Country name)** TYPE OF APPLICATION Single Shipment Multiple Shipment** If Multiple, specify validity Valid from Valid to **Multiple Shipments is only VALID for regular exporters having frequent shipments of the same products. This RFC can be used for multiple shipments of the same products within the validity period indicated. Validity period shall not exceed one year in all cases. APPLICANT TYPE Authorized Dealer Authorized Distributor Manufacturer Trader Third-Party Logistics Other (please specify) IMPORTER **EXPORTER** Company Name Company Name **Company Address Company Address Contact Person** Contact No. (Mobile/Telephone) **Contact Person** Contact No. (Mobile/Telephone) E-Mail Commercial Registration No./TIN E-Mail Commercial Registration No./ TIN INSPECTION LOCATION **PAYER** (party responsible for paying the certification service, if different from Applicant's details) Company Name Company Name **Company Address** Company Address Contact Person Contact Person Contact No. (Mobile/Telephone) Contact No. (Mobile/Telephone) F-Mail E-Mail Purchase Order No. SHIPMENT DOCUMENT REFERENCE Customer Dealer No. UCR No. Proforma Invoice No./Date Certificate Origin No./Date Warehouse Licence No. AWB No./ BL No. FDI/IDF No. Importer Code LC No. RC/BN No. Other (please specify) Importer and Product Registration with the Government? Yes No If Yes, please specify Exporter/Importer Registration with the Government? Yes If Yes, please specify

IMPORTANT: The quality and completeness of the documentation submitted by the Applicant directly influences the time and cost of processing the Certification

DECLARATION (Mandatory to be completed by the Client)

Air

Bulk

Rail

FCL

By submitting this Application

Mode of Transport

Mode of Shipment

Port of Loading

I/We hereby confirm that the information provided herein for the purpose of obtaining the Shipment Certification document is accurate and complete in all respects to the best of my/our knowledge.

Applicant may note that, based on the approval from the specific programme Government Authority, we have the technology to perform remote inspection/audits using Inview which is Intertek's remote audit/inspection solution which can provide you with quicker access to Intertek's team of qualified technical audit/inspection experts and faster audit/inspection turnaround time. Inview delivers high quality inspections that meet Intertek's Total Quality Assurance standard, all while

Goods Available Date

Other (please specify)

Other (please specify)

I/We have read and fully comprehend the Intertek's Terms and Conditions for Government and Trade Services (GTS) which is available at www.intertek.com/terms and hereby confirm my/our acceptance of these Terms and Conditions for obtaining the Shipment Certification document.

Yes

Container Type

Nο

Gross Weight

Goods Condition

Used

New

No. of Container

Name Position *Signature Date

If eligible, would you like to have your inspections conducted with Inview? (Recommended)

Road

LCL

Port of Discharge

promoting public health and well-being. For more information, please visit www.intertek.com/government/inview/.

Sea

Truck

GTS-PM-CAP-FRM-RFC-40

^{*}Signatures of Authorized Representatives can be affixed by Physical signature (Handwritten) or Digital signature or Electronic signature. Company stamp is optional.

Thank you for taking the time to fill out this form. We appreciate your business.

 $Please\ visit\ our\ website\ www. intertek. com/government\ to\ learn\ about\ the\ shipment\ certification\ services\ for\ other\ countries.$