

ISSUED: 12.05.2023

REQUEST FOR CERTIFICATE OF CONFORMITY*

*Request for Technical Inspection Report *Request for Certification of Inspection

IMPORTANT: The quality and completeness of the documentation submitted by the Applicant directly influences the time and cost of processing the Certification request. Incomplete applications will not be processed.

SHIPMENT CERTIFICATION REQUEST FOR (Country name)											
TYPE OF APPLICATION	Single Shipmer	ultiple, specify validity	v Valid fr	rom			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 Auth	orized Dealer	Authorize	ed Distributo	or Manufa	icturer Trader	. Third	l-Party Log	gistics	Other	(please specify)	
EXPORTER IMPORTER											
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 Addro	Company Address					
Contact Person	ontact Person Co			Contact No. (Mobile/Telephone)			Contact Person			Contact No. (Mobile/Telephone)	
E-Mail				E-Mail	E-Mail			Purchase Order No.			
SHIPMENT DOCUMENT REFERENCE											
Proforma Invoice No./Date	rma Invoice No./Date Certifica			e Origin No./Date Customer Deal			Warehouse Licence No			UCR 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 Registra	ation with the Go	overnment?	Ye	s No	If Yes, please specify	,					
If eligible, would you like to have your inspections conducted with Inview? (Recom					mmended)	mended) Yes No					
Applicant may note that, based on the approval from the specific programme Government Authority, we have the technology to perform remote i									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 promoting public health and well-being. For more information, please visit www.intertek.com/government/inview/.											
Mode of Transport	Air Rail	Road S	Sea C	ther (please sp	ecify)			Gross We	eight		
Mode of Shipment B	Bulk FCL	LCL T	ruck C	ther (please sp	ecify)		(Goods Condition		New Used	
Port of Loading	Port of D	vischarge		Goods A	vailable Date	Co	Container Type			No. of Container	
DECLARATION (Mandatory to be completed by the Client)											
By submitting this Application 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. 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.											
Name		Position			*Signature				Date		
-											
*Signatures of Authorized Rep	oresentatives can	be affixed by	/ Physical sig	nature (Handw	ritten) or Digital sign	ature or Ele	ctronic sig	nature. Co	ompany s	tamp 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.