

ISSUED: 01.02.2021

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.

TYPE OF APPLICATION

<input type="checkbox"/> Single Shipment	<input type="checkbox"/> Multiple Shipment**
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.	

SHIPMENT CERTIFICATION REQUEST FOR (Country name)

APPLICANT TYPE

<input type="checkbox"/> Authorized Dealer	<input type="checkbox"/> Authorized Distributor	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Trader	<input type="checkbox"/> Third-Party Logistics	
<input type="checkbox"/> Other (please specify)		

EXPORTER

IMPORTER

Company Name		
Company Address		
Contact Person		
E-Mail Address		
Telephone No.		
Commercial Registration No. or equivalent		
<input type="checkbox"/> Certificate of Origin No. & Date	<input type="checkbox"/> Proforma Invoice No. & Date	
<input type="checkbox"/> Customer Dealer No.	<input type="checkbox"/> Warehouse Licence No.	
<input type="checkbox"/> AWB No.	<input type="checkbox"/> FDI/IDF No.	<input type="checkbox"/> BL No.
<input type="checkbox"/> BA No.	<input type="checkbox"/> Importer Code	<input type="checkbox"/> L/C No.
<input type="checkbox"/> UCR No.	<input type="checkbox"/> RC/BN No.	<input type="checkbox"/> TIN
<input type="checkbox"/> Other (please specify)		

INSPECTION LOCATION

PAYER (party responsible for paying the certification service)

Company Name		
Company Address		
Contact Person		
E-Mail Address		
Telephone No.		
Payment Type	<input type="checkbox"/> Cash <input type="checkbox"/> Credit	Intertek Credit Reference No. Invoice Currency to be used
Addresses for invoices to be sent		
Purchase Order to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please specify)	
If eligible, would you like to have your inspections conducted with Inview? (Recommended) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

SHIPMENT DETAILS

Port of Loading				Port of Discharge			
Vessel Name				Goods Condition	<input type="checkbox"/> New	<input type="checkbox"/> Used	
Country of Supply				Delivery	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	
Gross Consignment Weight			Goods Availability Date			Expected Shipment Date (if available)	
Mode of Transport	<input type="checkbox"/> Air	<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Sea	<input type="checkbox"/> Other (please specify)		
Mode of Shipment	<input type="checkbox"/> Bulk	<input type="checkbox"/> FCL	<input type="checkbox"/> LCL	<input type="checkbox"/> Tanker	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck	<input type="checkbox"/> Other (please specify)
Quantity							
No. of Container			Container Type	<input type="checkbox"/> 20'	<input type="checkbox"/> 40'	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> I/We declare that the Importer is registered/licensed with Government Authority (Applicable for SFDA and NFSA). <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> I/We declare that the Exporter is registered/listed with Government Authority (Applicable for SFDA). <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> I/We declare that products and its labelling are not marked with unauthorised Quality Marks <input type="checkbox"/> Yes <input type="checkbox"/> No							

INLIGHT DETAILS (for Food Shipments)

Are you registered in Inlight for Fast Track Shipment Certification?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inlight ID No.		Registered Supply Chain ID No.	
Have you changed any suppliers for the products registered in Inlight?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify			

DOCUMENTS ATTACHED TO THIS APPLICATION




<input type="checkbox"/> Registration/Licence (e.g. SoR/TER/PC)	<input type="checkbox"/> Certificate of Origin	<input type="checkbox"/> Photographs of Products	<input type="checkbox"/> L/C
<input type="checkbox"/> QMS Certificates (e.g. ISO 9001, ISO/TS 16949)	<input type="checkbox"/> Packing List	<input type="checkbox"/> B/L or AWB	<input type="checkbox"/> Test Reports
<input type="checkbox"/> Commercial Registration Certificate	<input type="checkbox"/> Phytosanitary Certificate	<input type="checkbox"/> Proforma Invoice	<input type="checkbox"/> IDF
<input type="checkbox"/> Government Issued Registration Certificate (e.g. SFDA/GOEIC)		<input type="checkbox"/> Halal Slaughter Certificate/Halal Certificate	
<input type="checkbox"/> Authorization to use Quality Marks (e.g. KEBS letter)		<input type="checkbox"/> Copy of Label & Markings	
<input type="checkbox"/> Veterinary/Health Certificate	<input type="checkbox"/> Other (please specify)		

DECLARATION

By submitting this Application			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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 Representatives can be affixed by (a) Physical signature (Handwritten); or (b) Digital signature; or (c) Electronic signature; or (d) Company Stamp (Physical or Digital images).			

PRODUCT DETAILS

Please click the appropriate excel template for the data entry of the product details applicable for the certification of your shipment.

- Request for Certificate of Conformity – General Product Details/Food Product Details 
- Request for Certificate of Conformity – Cosmetics & Perfumery Product Details 
- Request for Certificate of Conformity – Vehicle Details 

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.