

African Certification and Testing

Application form for product certification

Date			
Type of client	<input type="checkbox"/> New client <input type="checkbox"/> Existing client		
Request for	<input type="checkbox"/> First time product certification <input type="checkbox"/> Inclusion or removal of product from the present certification		
Name of client			
Address of product manufacturing division			
Registered / communication address			
Company registration number (Attach proof of company registration)			
Does the company comply with applicable legal requirements (e.g. NRCS and AEL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" please state your reason:	
Contact person			
Contact no.			
E mail			
Web site			

Details of product to be certified

Sr. No.	Standard applied for	Product Types	Hazard Classes	Treatment Process	Preservative Type	Trade Name

Details of product to be removed from present certificate

Sr. No.	Standard applied for	Product Types	Hazard Classes	Treatment Process	Preservative Type	Trade Name

Reason for removal of product from the present certificate	
Tentative plan for product evaluation	
Is your product certified from other body before? If Yes give the name of body and why do you want switchover?	
Major customers and type of application of the products under certification	
<p>We hereby declare that the information given above is true as per best of my knowledge and we are bound to follow the rules of certification.</p> <p style="text-align: right;">Name, designation and signature of the authorized person with seal</p>	
<u>For Office Use, Only:</u>	
Review Date (dd/mm/yyyy): ____/____/____	
Review Questions:	
Are the company registration forms attached with the filled in application form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does ACT cover the requested Standards applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review Comments:	
Reviewed by (name):	Signature of reviewer: