



African Certification and Testing

Application form for the removal of product/s from current certification

Date	
Registered name of company	
Trading name of company	
Physical address of product manufacturing division	
Physical address of multi-sites (if applicable)	
Postal address of head office	
Company registration number (Attach proof of company registration)	
Contact person	
Contact no.	
E mail	
Web site	

Details of product to be removed from current certification

Sr. No.	Standard applied for	Product Types	Hazard Classes/ Timber Grade	Treatment Process/ Timber Grading Type	Preservative Type (if applicable)	Trade Name

Reason for removal:

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.

Name: _____ Designation: _____

Signature: _____

For Office Use, Only:

Review Date (dd/mm/yyyy): ____/____/____

Decision on removal request:

Accept request for removal

Reject request for removal

Comments:

Post decision activities

1. Was the certificate updated to reflect new changes?

Yes

No

Comments:

2. Was the schedule of certification updated to reflect new changes?

Yes

No

Comments:

3. Was the directory of certified clients updated to reflect new changes? (incl ACT website)

Yes

No

Comments:

4. Is any known differences in understanding between ACT and the client resolved, including agreement regarding standards or other normative documents?

Yes

No

Comments:

5. Was it verified at a next audit visit that the change was implemented?

Yes

No

Comments:

Date of request close out: (dd/mm/yyyy): ____/____/____

Reviewed by (name):

Signature of reviewer: