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| APPLICATION FOR ‘CERTIFICATE OF CONFORMITY’ FOR CONTROLLED GOODS |
| 1. **Registered Supplier's Details** | For Official Use |
| (a) RS Code:

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 | Date Received: |
| (b) Company’s Name:

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|        |

 | Allocated COC No: |
| (c) Company's Address :

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|       |
|       |

 | Cheque/PO No:Amount:Bank’s Name:Remarks: |
| (d) Person to receive the Certificate of Conformity (COC):

|  |  |
| --- | --- |
| Name (Mr/Ms) |       |
| Title |       |

 |
| (e) Person in-charge of submission of application:

|  |  |
| --- | --- |
| Name (Mr/Ms) |       |
| Title |       |
| Tel no |       | Fax no |       |
| Email: |       |

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| 2. **Factory’s Details** (attach a separate list if more than one factory – [ ]  see attachment)

|  |  |
| --- | --- |
| FULL Name |       |
| FULL Address |       |
|  |       |
|  |       |
| Country |       |

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| APPLICATION FOR ‘CERTIFICATE OF CONFORMITY’ FOR CONTROLLED GOODS |
| 3. **Controlled Goods:**(a) Product name and short description:

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|       |

(b) Trade Name:

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(c) Model Number:

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| 4. **Test Report & Safety Components**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Report No.** | **Issue Date** | **Safety Components Pages** | **Name of Test Laboratory** |
|       |       |       |       |
|       |       |       |       |
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**OR** |
| APPLICATION FOR ‘CERTIFICATE OF CONFORMITY’ FOR CONTROLLED GOODS |
|  **We list the safety components below as they are different from the details** **shown in the Test Report or not listed in the Test Report.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Components****(eg. mains transformer)** | **Manufacturer** | **Type No./****Model No.** | **Information about ratings, insulation, etc.** | **Test Mark****(if any)** |
|       |       |       |       |       |
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| **5. COC Processing Time:** **[ ]** 3 Working days **[ ]** 5 Working days **[ ]** 7 Working days **[ ]** 10 Working days **[ ]** 15 Working days |

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| APPLICATION FOR ‘CERTIFICATE OF CONFORMITY’ FOR CONTROLLED GOODS |
| **6**. **Registered Supplier's Legal Statement**  **To: Vice-President, Certification Department, TÜV SÜD PSB** **We hereby apply to the TÜV SÜD PSB, 1 Science Park Drive, Singapore 118221, for certification of controlled goods pursuant to the Consumer Protection (Safety Requirements) Regulations 2002.**  We have read and understood the information contained in the Information Booklet issued by the Safety Authority and certify that all statements made and information given in this application are true to the best of our knowledge and belief. **We declare that all the required basic documents are attached to this application. We understand that our application will be delayed in the event the required basic documents are insufficient. We also note that payment is non-refundable, that is, payment is due regardless of the outcome of application.**

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| **Company’s Name** (must be same as 1b above) |       |
| **Authorised Signature** |       |
| **Name of Signatory**  |       |
| **Title of Signatory** |       |
| **Date** |       |
| **Company’s Registered Seal/Stamp** |  |

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| **Please note that making a false statement on this application is an offence under the Consumer Protection (Trade Descriptions and Safety Requirements) Act (Chapter 53)**  |

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