

TÜV SÜD PSB PTE LTD
PRODUCT LISTING SCHEME LABEL (Class 1A/1B)¹ REQUEST FORM



I. Please email completed request form with required documentary evidence to Person in-charge

I declare the following:

- a) The number of labels requested are as follows and will label according to the serial no. assigned for specific project as stated below.
- b) I will submit label distribution records for the labels which I requested for Retail/Wholesale not later than 3 months after the issuance of the labels or during the next request for labels, whichever is earlier.
- c) I will return unused labels 3 months after the date of issuance of labels for projects/retail/wholesale. There will be no refund for the returned labels.
- d) In accordance to the Fire Code and its amendments, I will make the necessary arrangement for TÜV SÜD PSB to inspect the labels that are affixed on the certified product(s) and to pay the associated fees.

CoC No.	Product	Brand / Model	Project No.	Project Name (Full Address & Location) (Please provide BP/MV/FP Number where applicable)	Documentary Evidence (NOA / PO / DO)	Date of Project Awarded	Date of Work Commence-ment	Date of Work Completion	No. of Labels Required
Total :									0

Declared & Requested by: _____
 (Name, Designation and Signature of Requestor)

Company Name and Stamp: _____
 Date: _____

Email address
 (Notification for collection): _____

(FOR TÜV SÜD PSB USE)

II. TÜV SÜD PSB PLS Label has been assigned to above project / batch inspection conducted on _____ : at _____ :

Serial No: _____ to _____ for the above project no.1
 Serial No: _____ to _____ for the above project no.2
 Serial No: _____ to _____ for the above project no.3

Issued by: _____ Date of Issue: _____
 (Name, Designation and Signature of Issuer)

SAP No. : _____

(FOR TÜV SÜD PSB USE)

III. Payment
 Please be informed that the TÜV SÜD PSB PLS Labels applied on (_____) can be collected from TÜV SÜD PSB's collection centre located at **No.15 International Business Park #L1-LB6, TÜV SÜD @ IBP, Singapore 609937** at your convenience. The Operation hours: **Monday to Friday; 0830 to 1230 & 1330 to 1730.**
 Please bring along this collection notice and the payment (inclusive GST) of S\$ (_____) upon collection.

IV. Acknowledgement (To be signed off by the recipient)

This is to acknowledge that the indicated TÜV SÜD PSB labels have been verified and received in order.

Name: _____
 Signature: _____
 Date: _____

Collection centre to return the acknowledged label request form to _____ (name of person in-charge)