

TÜV SÜD PSB PTE LTD
DECLARATION of COMPLIANCE (DoC) REQUEST FORM
 (To be submitted before commencement of installation of the certified product on-site)



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

I declare the following:

- a) The coverage requested are as follows.
- b) I will return unused DoC Form 3 months after the date of issuance of the DoC and noted that there will be no refund for the returned DoC form.
- c) In accordance to the Fire code and its amendments, I will make the necessary arrangement for the inspection of the certified product(s) at the project sites and to pay the associated fees for the inspection.

Product Category	CoC No.	Brand	Model	Project Name (Full Address & Location) (Please provide BP/MV/FP Number where applicable)	Documentary Evidence (NOA / PO / DO)	Date of Project Awarded	Area of Coverage (m ²)	Date of Work Commence-ment	Date of Work Completion	DoC Serial No.

Declared and 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 Declaration of Compliance (DoC) has been assigned to above project.

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

Date of Issue: _____

(FOR TÜV SÜD PSB USE)

III. Payment

Please be informed that the TÜV SÜD PSB PLS DoC applied on (_____) can be collected from TÜV SÜD PSB's collection centre located at **No.15 International Business Park Road #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 DoC have been verified and received in order.

Name: _____

Signature: _____

Date: _____

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