

CONFIDENTIAL
TÜV SÜD PSB PTE LTD
APPLICATION FOR UN MARKING CERTIFICATION SCHEME



Application Type: ☐ New ☐ Amendment ☐ Renewal
(Certificate No: _____) (Certificate No: _____)

A. APPLICANT DETAILS (For Official Use: CBW no.: _____)

Name of Company (as
registered with the Business
Registry Authority: _____

Address: _____
(Please indicate premises where certification is sought)

ZIP/Postal Code: _____
Telephone: _____ Telefax: _____
Email Address: _____

Our company management representative is:

Name: _____

Designation: _____

Date of establishment of company: _____

1. Does your company currently have any approvals granted by other certifying authorities, including TÜV SÜD PSB Pte Ltd.
If "Yes", please provide details:

☐ Yes ☐ No

2. Does your organisation:	Yes	No
(a) Define quality policy and objectives?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Define management responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Control use of drawings, specifications, work instructions and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Operate any form of product identification/traceability?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Operate any process controls?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Inspect/test the product?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Calibrate/control test and measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Identify inspection and test status?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Control non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Carry out corrective action and record actions taken?	<input type="checkbox"/>	<input type="checkbox"/>
(k) Operate procedures for handling, storage, packaging and delivery?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Retain quality records?	<input type="checkbox"/>	<input type="checkbox"/>
(m) Maintain records of training?	<input type="checkbox"/>	<input type="checkbox"/>

3. Please give details of employees involved in the company quality production system:

(a) Total no. employed _____

CONFIDENTIAL
TÜV SÜD PSB PTE LTD
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- (b) Total in design department (where applicable) _____
- (c) Total in production department _____
- (d) Total in installation department _____
- (e) Total in quality department _____

B. MANUFACTURER DETAILS (Fill only if applicant is not the manufacturer)

Name of Company: _____

Address: _____

(Please indicate premises where certification is sought)

ZIP/Postal Code: _____

Telephone: _____ Telefax: _____

Email Address: _____

Name: _____

Designation: _____

Date of establishment of company: _____

1. Does your company currently have any approvals granted by other certifying authorities, including TÜV SÜD PSB Pte Ltd.
If "Yes", please provide details:

☐ Yes ☐ No

- | 2. Does your organisation: | Yes | No |
|--|--------------------------|--------------------------|
| (a) Define quality policy and objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Define management responsibility? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Control use of drawings, specifications, work instructions and procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Operate any form of product identification/traceability? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Operate any process controls? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Inspect/test the product? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Calibrate/control test and measuring equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Identify inspection and test status? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Control non-conforming product? | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Carry out corrective action and record actions taken? | <input type="checkbox"/> | <input type="checkbox"/> |
| (k) Operate procedures for handling, storage, packaging and delivery? | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Retain quality records? | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Maintain records of training? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please give details of employees involved in the company quality production system:

(a) Total no. employed _____

- Page 3 of 4

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Authorised signature

Date

Name of Authorised Signatory

Designation of Authorised Signatory

Company's stamp

Please return to:

TÜV SÜD PSB Pte Ltd, 15 International Business Park, TÜV SÜD @ IBP, Singapore 609937