PRODUCT STATUS

CONFIRMATION LETTER

**IMPORTANT:** The quality and completeness of the documentation submitted by the Applicant directly influences the time and cost of processing the certification request. Incomplete applications will not be processed. If more space is needed, additional sheets may be attached.

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| SHIPMENT CERTIFICATION REQUEST FOR (Country name) | | | | |
|  | | | | |
| APPLICANT’S DETAILS | | | | |
| Company Name |  | | | |
| Company Address |  | | | |
| Contact Person |  | | E-Mail Address |  |
| Telephone No. |  | | Fax No. |  |
| PRODUCT DETAILS | | | | |
| Detailed Description: |  | | | |
| Product Intended Use: |  | | | |
| Brand Name: |  | | | |
| Model Reference: |  | | | |
| Standard Reference: |  | | | |
| Hs Code\*: |  | | | |
| Accessories: |  | | | |
| Others, (Please Specify): |  | | | |
| ELECTRICAL RATING, IF APPLICABLE | | | | |
| Rated Input Power |  | | Rated Frequency |  |
| Rated Voltage |  | | Others, (Please Specify): |  |
| TECHNICAL DOCUMENTATIONS (AS APPLICABLE) | | | | |
| Product Catalogue and Brochures | | Product Technical Data Sheet, Material Safety Data Sheet | | |
| Laboratory Evaluation Test Reports | | Operating and Safe Use Instruction Manuals | | |
| Colour photographs of the products (as required below) | |  | | |
| 1. Product markings & other components identifying the products | | | | |
| 1. Complete view of the product (top, side and bottom) | | | | |
| 1. Nameplate and warning labels on product or indicator marks | | | | |
| 1. Close up of controls, switches, supply cord entry/cord anchorage/terminal block/earth connection, battery | | | | |
| 1. close up of plug, cord markings and marking on critical components (switches, capacitors, transformers etc.) | | | | |
| 1. Product markings & other components identifying the products | | | | |

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| **DECLARATION** | | | | | | | | | | |
| I | |  | | | the undersigned importer/exporter agree to Intertek’s Terms and Conditions and the | | | | | |
| requirements referenced therein. I also confirm that the information given by me is correct and true to the best of my knowledge. | | | | | | | | | | |
|  |  | |  |  | |  |  |  |  |  | |
|  | Name | |  | Position | |  | Signature |  | Date |  | |

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| TO BE COMPLETED BY INTERTEK OFFICE | | |
| BASED ON THE INFORMATION CURRENTLY AVAILABLE, IT IS THE OPINION OF INTERTEK THAT THE ABOVE-MENTIONED ITEM IS: | | |
| Regulated/subject to certification | Reference: |  |
| Non-Regulated/Not Subject to Certification Below) | Reference: |  |
| Intertek is not responsible for the determination of the status of the above-mentioned products and therefore cannot be held responsible for any direct or consequential losses, damages or delays resulting from regulatory changes introduced by the concerned government agency. | | |

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|  | Intertek Issuing Office |  | Name |  | Signature |  | Date |  |

| **EXHIBIT A - OTHER SUPPORTING DOCUMENTS (PHOTOS, SCANNED TEST REPORTS, ETC.)**  **NOTE:** This space is provided only if you wish to supply additional materials supporting your application. Additional sheets can be attached as necessary. |
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