**Attn: Ms Emma (QA Admin)**

Fax: 6566 7718

Email: [certificationadmin@setsco.com](mailto:certificationadmin@setsco.com)

**Requesting Company:**

**DOC Ref No. (Applicable for SETSCO Certification Body only): CB-**

|  |  |  |
| --- | --- | --- |
| Certificate No. | : |  |
| Product | : |  |
| Brand/Models | : |  |
| Project Name | : |  |
| Project Location | : |  |
| Date Awarded | : | **-** **-** |
| Date of Commencement | : | **-       -** |
| Date Completed | : | **-       -** |
| Coverage | : |  |
| ***Note: The responsibility for ensuring that the product or Fire Rated System and Fire Stopping Material is installed in accordance with the standard to which it was originally approved shall rest with the certificate holder.***  I declare that the coverage area for the above request is true, complete and accurate. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requested by:** |  | *Help us serve you faster by providing your current contact details:* | | |
| **/** |  | Contact Person (if different from Requestor): | | |
| Name / Designation |  | Tel No. / Fax No. | : |  |
|  | | E-mail Address | : |  |
|  | | Remarks on billing/ collection: | | |
| Authorized Signature / Date | | Please send us a Quotation | | |
|  | | Please refer to attached  P.O. / DQ No. | | |

|  |  |  |
| --- | --- | --- |
| **DOC(s) issued by:** |  | **DOC(s) collected by:** |
| CB Authorized Personnel/ Signature |  | Name/ Signature |
| Date: |  | Date: |

|  |
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| ***Notes on Collection:***   * *Please send the Purchase Order with this Request to initiate faster processing of your request. Alternatively, we can send a Quotation to you and send back with your acknowledgement on or before collection.* * *Your request will be processed within 3-5 working days. Kindly call Tel.No. 6566 7777 ext 371 for the collection enquiries.* |