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

Fax: 6566 7718

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

**Requesting Company:**

**Record of Issuance 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 | : | **-       -** |
| Labels Qty (in pcs) | : |  |
| ***Note: The responsibility for ensuring that the product is in accordance with the standard to which it was originally approved shall rest with the certificate holder.*** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | | |

|  |  |  |
| --- | --- | --- |
| **Labels issued by:** |  | **Labels collected by:** |
| CB Authorized Personnel/ Signature |  | Name/ Signature |
| Date: |  | Date: |

|  |
| --- |
| ***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.* |