

## LABEL REQUEST FORM

**Attn: SETSCO Certification Body**  
Fax: 6566 7718  
Email: [certificationadmin@setSCO.com](mailto:certificationadmin@setSCO.com)

**Requesting Company:** \_\_\_\_\_

**Installer Name:** \_\_\_\_\_

**Record of Issuance Ref No. (Applicable for SETSCO Certification Body only):** CB-

Certificate No.	:	
Product (as per COC)	:	
Brand	:	
Model (only one model allow per request form)	:	
Project Name	:	
Project Location	:	
SCDF Building Plan No.	:	
Labels Qty (in pcs)	:	

**IMPORTANT:**

- 1) *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.*
- 2) *Please provide evidence on the project, project location & coverage area as declared above.*
- 3) *Submitted documentary evidences may be subjected to verification with the relevant parties by SETSCO Certification Body.*

I declare that the quantity 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.

**Labels issued by:**

**Labels collected by:**

\_\_\_\_\_  
CB Authorized Personnel/ Signaure  
Date

\_\_\_\_\_  
Name/ Signature  
Date:

**Notes on Collection:**

- Please send the Purchase Order with this Request to initiate faster processing of your request.
- Your request will be processed within 3-5 working days.
- Original DOC shall be collected by employee of the COC's holder.