



Singapore Test Services

**Request for Sampling & Testing for Batch
(PLS ISO System 7)**



ABOUT THIS FORM

Information on this form shall be kept strictly confidential.

Please return completed form to :

**Singapore Test Services Pte Ltd
Certification**
249 Jalan Boon Lay. S(619523)
Attention : Head, Certification

(I) APPLICANT'S DETAILS

Name of organization: _____

Address of Sampling : _____

_____ POSTAL CODE (_____)

Contact person: _____ Designation: _____

Tel: _____ Mobile: _____ Email: _____

Inspection Date : _____ Page no. : _____ of _____

(II) PRODUCT DETAILS

NOTE : Please submit details for each product, duplicate this Part(III) if insufficient space)

PRODUCT NAME/COMPONENT : _____

CoC no.	Door ref No.	Product Description	Hr rating	Qty	Remark

LABELS

a) 0.5 hour : _____ nos

b) 1.0 hour : _____ nos

c) 2.0 hour : _____ nos

d) 4.0 hour : _____ nos.