

REQUEST FOR CERTIFICATE OF CONFORMITY*

*Request for Technical inspection report

*Request for Certification of Inspection

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.

SERVICE LEVEL AGREEMENT (SLA) REFERENCE (if available)

DATE

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TYPE OF APPLICATION

<input type="checkbox"/> Single Shipment	<input type="checkbox"/> Multiple Shipment**	Valid from	Valid to
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Multiple Shipments is only **VALID for regular exporters having frequent shipments of the same products. This RFC can be used for multiple shipments of the same products within the validity period indicated. Validity period shall not exceed one year in all cases.

SHIPMENT CERTIFICATION REQUEST FOR (country name)

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EXPORTER

IMPORTER

Company Name			
Company Address			
Contact Person			
E-Mail Address			
Telephone No.			
Commercial Registration No. or equivalent (KSA)			
Certificate of Origin No. & Date (KSA)		Warehouse Licence No. (KSA cosmetics shipments only)	
Proforma Invoice No. & Date		Customer Dealer No. (Egypt)	
		Importer Code (Ivory Coast)	
UCR No. (Gabon, Ghana, Kenya)		L/C No.	
IDF No.(Kenya)		BA No. (Nigeria)	
AWB No.		RC/BN No. (Nigeria)	
BL No.		TIN (Ivory Coast, Nigeria)	
Other, please specify		FDI No. (Ivory Coast)	
Applicant Type	<input type="checkbox"/> Authorized Dealer <input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Third-Party Logistics <input type="checkbox"/> Other, please specify		

SHIPMENT LOCATION (where goods are available for inspection, if different from Applicants details)

PAYER (party responsible for paying the certification service, if different from Applicants details)

Company Name					
Company Address					
Contact Person					
E-Mail Address					
Telephone No.					
Payment Type	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit	Intertek Credit Reference No.		Invoice Currency to be used
Addresses for invoices to be sent					

SHIPMENT DETAILS

Port of Loading				Port of Discharge		
Vessel Name				Goods Condition	<input type="checkbox"/> New	<input type="checkbox"/> Used
Gross Consignment Weight				Country of Supply		
Goods Availability Date				Expected Shipment Date (if available)		
Mode of Transport	<input type="checkbox"/> Air	<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> Sea	Delivery (full/partial)	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Mode of Shipment	<input type="checkbox"/> Bulk	<input type="checkbox"/> FCL	<input type="checkbox"/> LCL	<input type="checkbox"/> Tanker	<input type="checkbox"/> Trailer	<input type="checkbox"/> Truck
Quantity						
Other Mode of Shipment (please specify)						

DECLARATION

By submitting this Application

- I/We hereby confirm that the information provided herein for the purpose of obtaining the shipment certification document is accurate and complete in all respects to the best of my/our knowledge.
- I/We have read and fully comprehend the Intertek's Terms and Conditions (Global) and Shipment Certification Service which are available at www.intertek.com/terms and hereby confirm my/our acceptance of these Terms and Conditions for obtaining the shipment certification document.

Name			Position	
*Signature			Date	

* Signatures of Authorized Representatives can be affixed by (a) Physical signature (Handwritten); or (b) Digital signature (Digital image of the signature); or (c) Electronic signature (Printed Name); or (d) Company Stamp (Physical or Digital images).

DOCUMENTS ATTACHED TO THIS APPLICATION

<input type="checkbox"/> Registration/Licence (e.g. GOEIC/SoR/TER/PC)	<input type="checkbox"/> Certificate of Origin	<input type="checkbox"/> Photographs of Products
<input type="checkbox"/> QMS Certificates (e.g. ISO 9001, ISO/TS 16949)	<input type="checkbox"/> L/C	<input type="checkbox"/> Packing List
<input type="checkbox"/> B/L or AWB	<input type="checkbox"/> Test Reports	
<input type="checkbox"/> IDF	<input type="checkbox"/> Proforma Invoice	
<input type="checkbox"/> Other (please specify)		

Thank you for taking the time to fill out this form. We appreciate your business.

Please visit our website www.intertek.com/government to learn about the shipment certification services for other countries.

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NOTE: Please complete the below required details if this information has **NOT** been made available in the submitted invoice/shipment documents or has **NOT** been provided separately in editable electronic format (e.g. word, excel, rich text format document). Should you require additional space, please attach **EXTRA SHEETS** using the same template as below.

REQUEST FOR CERTIFICATE OF CONFORMITY CONTINUATION PAGE: PRODUCT DETAILS – COSMETICS

SN	PRODUCT DESCRIPTION	QUANTITY	PACKING	PRODUCT LISTING NO.	BATCH NO. / PRODUCTION DATE	HS CODE	BRAND	COUNTRY OF ORIGIN	MANUFACTURER'S NAME & ADDRESS	STANDARD REFERENCE	REGISTRATION / LICENCE NO. (SoR/TER/PC) (If Available)
01											
02											
03											
04											

Additional information provided on separate sheets **Yes** (No. of additional sheets) **No**

In general, the Applicant acknowledges that all imported goods which are subject to specific programme requirements may be randomly selected for inspection and testing for safety, quality and trade compliance purposes at the customs territory of the importing country. Intertek performs the evaluation of conformity based on a random sampling of their products and on testing of limited parameters through risk assessment approach. The Applicant agrees to take responsibility and acknowledges that they are aware of the customs legislative and regulatory requirements governing the import of their products and commit to comply with those requirements.

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REQUEST FOR CERTIFICATE OF CONFORMITY CONTINUATION PAGE: PRODUCT DETAILS – AUTOMOTIVE VEHICLES

SN	BRAND OF VEHICLE	VEHICLE TYPE (E.G. PASSENGER CAR)	VEHICLE MODEL (E.G. 1.8 GLI)	MODEL YEAR	AGE (FOR USED VEHICLES ONLY)	COUNTRY OF ORIGIN	VIN NUMBER	REGISTRATION / LICENCE NO. (SoR/TER/PC) (If Available)
01								
02								
03								
04								

Additional information provided on separate sheets **Yes** (No. of additional sheets) **No**

In general, the Applicant acknowledges that all imported goods which are subject to specific programme requirements may be randomly selected for inspection and testing for safety, quality and trade compliance purposes at the customs territory of the importing country. Intertek performs the evaluation of conformity based on a random sampling of their products and on testing of limited parameters through risk assessment approach. The Applicant agrees to take responsibility and acknowledges that they are aware of the customs legislative and regulatory requirements governing the import of their products and commit to comply with those requirements.

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