



CERTIFICATION
BODY

SETSCO

SETSCO SERVICES PTE LTD
CERTIFICATION BODY

LABEL REQUEST FORM

Attn: SETSCO Certification Body
Fax: 6566 7718
Email: 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	:	
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 any 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/ Signature
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.