

APPLICATION FORM FOR THE STANDARDISATION MARK LICENSE

Applicant's Name

Commercial Registration Number.....
.....

Physical Address.....
.....

Production site(s).....
.....

Postal Address:
.....

Telephone Number:.....

Number of Employees:

Production capacity:

Email:

Contact Person

Title:

S/N	Product Description	Trade Mark or Brand in use with the product	Standard (Number, Title & Date of Issue)	Relevant specific rules (Number, Title & Date of Issue)

(For additional products please attach a separate page)

By filling this application form, I hereby declare that:

- a) I have understood the S-Mark requirements procedure and agree to abide to them without any condition,
- b) I will give RSB auditors access during normal working hours to the premises wherein the product specified in the application is manufactured for the purpose of evaluating materials, production processes, finished product, quality assurance facilities, and records.
- c) I undertake to pay RSB all costs of processing this application and maintenance of certification;
- d) All information given in this application form is correct to my knowledge.

Applicant's Representative:
(In block letters)

Date of application:
.....

Signature
.....

Official stamp

	National Certification Division	PCU/FOM/01
Title:	S-MARK APPLICATION FORM	Page 3 of 3

FOR OFFICIAL USE

Application number.....

Date delivered.....

Application expiry date.....

Application review results.....
.....
.....

Name of handling Official.....

Date.....Signature.....

Official stamp

Revision:	02		Date:	November- 2015
Issue	03		Date	November- 2015