



PSB Singapore

TÜV SÜD PSB PTE LTD TÜV SÜD PSB PLS LABELS REQUEST FORM

I. To : Operations Manager (Product Inspection Centre)

Fax : 6872-0531

I declare the number of labels required under the PLS, for each production batch are as follows:

COC No.	Product	Brand / Model	Project No.	Project Name	Date of project awarded	Date of work commencement	Date of work completion	No. of labels required
			1					
			2					
			3					
			4					
			5					
Total :								

Requested by: _____
Name/Signature/Designation of Requestor

Company: _____

Date: _____

NOTE: PLEASE ALLOW 7 WORKING DAYS FOR PREPARATION OF LABELS

II. I acknowledge receipt of the 'TÜV SÜD PSB PLS' labels with

serial no. _____	to _____	for the above project no.1
serial no. _____	to _____	for the above project no.2
serial no. _____	to _____	for the above project no.3
serial no. _____	to _____	for the above project no.4
serial no. _____	to _____	for the above project no.5

and will label accordingly to the serial no. assigned for the specific project as stated above.

III. To: OIC (TUV SUD PSB Collection Centre)

Please collect S\$ _____ / PO no. _____ from the client.

Please pass this form & the payment/acknowledgement slip to _____ at Product Inspection Centre No. 1 Science Park Drive.

TUV®