PSB Singapore

TÜV SÜD PSB PTE LTD
DECLARATION OF COMPLIANCE (DOC) REQUEST FORM
(To be submitted before commencement of work)

To : Operations Manager (PIC) Fax : 6872-0531

I declare the coverage area required under the PLS, for each production batch are as follows:

Product Category	COC No.	Brand	Model	Project Name and Address	Date project awarded	Area of coverage (m2)	Date of work commencement	Date of work completion	DOC Serial No.

Requested by: _____

Name and Designation of Requestor

Company: _____

Date: _____

NOTE: PLEASE ALLOW 5 WORKING DAYS AFTER WORK COMPLETION BEFORE THE COLLECTION OF THE DECLARATION OF COMPLIANCE FORMS.

INCOMPLETE SUBMISSION OF DOCUMENTS WILL RESULT IN A DELAY IN PROCESSING YOUR REQUEST.

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