



Address where products are/will be kept (Point of distribution)								
SARS Tariff code								
<b>E - Technical information</b>								
Specify applicable standard/s								
<b>F - Test report information</b>								
Name of test Lab:								
Test report no:								
Date of issue:								
Test report type:	IEC	SANS		if other specify:				
Declaration if other:	YES	NO						
Does the test report have photographs: YES <input type="checkbox"/> NO <input type="checkbox"/>								
CB certificate if applicable	YES	NO		Certificate number:				
Issued by (NCB issuing):								
<b>G - Levy Information (Applicant)</b>								
Are you a registered levy payer?: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, fill in the attached levy registration form ANNEX 2								
1. Levies up to date: YES <input type="checkbox"/> NO <input type="checkbox"/>								
2. Period paid for: Jan-Jun <input type="checkbox"/> Jul-Dec <input type="checkbox"/>								
3. Date of last payment:								
4. Levy (HEF) number :				Invoice Number:				
<b>H – Checklist</b>							YES	NO
1	Application form matches with the test report							
2	Full test report							
3	Test report from accredited testing facility							
4	Standard used correct and latest							
5	Test report authorized							
6	Test report less than 36 months for new app and less than 60 months for renewal							
7	South African deviation plug complied with if applicable							
8	Photographs of the product forming part of the test report meeting all requirements							
<b>I - Findings/non-compliances</b>								
1. All the findings/non-compliances should have been closed in totality within a period of 30 days from the date forwarded to the applicant								
2. Failure to close the finding(s) within the above stipulated period will result in automatic termination of the application.								
3. Once the application is terminated, the client will have to reapply and the application process will start anew and thus the application will be handled as a new application								

### Declaration

I (full name/s and surname) \_\_\_\_\_, declare that all information supplied in this document is true and correct. I further declare that I understand and accept the conditions on this form and the approval process is carried out in line with section 5(2)(f) of the NRCS act together with the approval procedure of the NRCS. This application is for letter of authority and not for the SABS Mark and as such I will not use the SABS/NRCS wording or mark in any way on selling, packaging, displaying, offering for sale or advertising on the basis of the LOA issued by the NRCS. I accept the ruling of the regulator.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only								
Application completed in full?	YES NO	Evaluated as :	compliant	Not compliant	Date received	Checked and approved:	Approved	Not approved
Application number :	Date:			Database number:	Name:			
Date of registration:	Name:			Date captured:	Signature:			

Name:	Signature:	Name:	Date:
Signature:		Signature:	
Date:			