

LOA APPLICATION FORM

Please select/ tick (✓)					SAFETY LOA					ENERGY EFFICIENCY LOA								
APPLICATION NO.: (for office use)										DATA BASE NO.: (for office use)								
Important inf			ooum	ont in	confider	atial on	d wi	ll bo trooto	d c	an nuch	by th	o ND(20					
 All information on this document is confidential and will be treated as such by the NRCS. Please ensure that all information in this document is correct. 																		
3. The NRCS will not be held responsible for any omission made by the applicant.																		
4. All fields a	are c	ompulse	ory a	nd m	ust be fi	lled in	асс	ordingly,	oth	nerwise	e the a							
5. A non-refu						-				payabl	e befo	re an	y LOA	applica	ation c	an be con	side	red.
Select/Tick (✓) the).	1								
				VC 8029			VC 8039		VC 804					052 VC		55		
VC 9006		VC 80			VC 803			/C 8003			VC 8		<u> </u>					
VC 8075		VC 807	77		VC 909	1	\	/C 9087			VC9	800	If	other	specif	y:		
A - Applica Company nan		etails:																
. ,	ie.																	
Trading as:	<i>(</i>)																	
Select/ Tick (√)				Manufacturer								Ir	Importer				
Address:																		
Tel:							F	ax:				e-r	nail:					
Contact pers	Contact person:																	
B – Submitter/Agent Details (fill if different from applicant details):																		
Company na	me:																	
Trading as:	Trading as:																	
Address:																		
Tel:	Fax:					e-mail:												
Contact pers	1																	
C- Applicat	ion	and pay	vmei	nt														
NEW APPLICATION					RENEWAL					IF RENEWAL INDICATE PREVIOUS LOA NO:								
NRCS account :			Order no.:					if			if NO	f NO complete NRCS registration form						
					Invoice	nvoice direct bank de							attacii	211101100				
Bank Name: AE	BSA	Account	no.:	40721	61682	Swift	code	: ABSA ZA	.JJ	IBAN	No: 6	30025	Brai	nch na	me/cod	e: Brookly	/n/ 33	5345
D- Product	info	rmatio	n (As	indica	ated in th	ne test	repo	ort)										
Product desc			, -															
Manufacture																		
Trade/brand name																		
Model/type																		
Variation of n																		
Country of or	igin																	



Address where produ												
be kept (Point of distribution) SARS Tariff code												
E - Technical information												
Specify applicable standard/s												
F - Test report information												
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 NO												
CB certificate if applicable YES NO Certificate number:												
Issued by (NCB issuing):												
G - Levy Information (Applicant)												
	Are you a registered levy payer?: YES NO If no, fill in the attached levy registration form ANNEX 2											
1. Levies up to date: YES NO												
2. Period paid for: Jan-Jun Jul-Dec Jul-Dec												
3. Date of last payment:												
4. Levy (HEF) number : Invoive Number:												
H – Checklist										YE	:S	NO
Application form matches with the test report												
2 Full test report												
Test report from accredited testing facility												
4 Standard used correct and latest 5 Test report authorized												
Test report authorized 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												
I - Findings/non-compliances												41
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												tne
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 handled as a new application												
Declaration												
I (full name/s and surna	ame) _				_, decla	re that all in	formati	on supplied in this d	ocument is true	and correc	t. If	further
declare that I understa	nd and	acce	ept the c	cond	litions o	n this form a	and the	approval process is	carried out in lin	ne with sec	tion	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												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:												
For office use only application completed in	YES	Eva	aluated	cor	mpliant	Not	Date r	eceived	Checked and	Approved	No	ot
ull?	NO	as	:		1	compliant		ase number:	approved:	1,1.2.2		proved
		Dat	. 				Datab		Name:			
Date of registration:			me:				Date o	aptured:	Signature:			



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