

REQUEST FOR DECLARATION OF COMPLIANCE



(I) REQUEST FOR DoC **Purchase Order No :** _____

To : Head, Certification Email : sales.sts@stengg.com

We declare the coverage area required under the Product Listing Scheme, for each production batch are as follows and attached herewith our Purchase Order:

CoC No.	Product	Brand /Model	Project Name & Full Address	Date of Project Awarded	Date of Work Start	Date of Work Completion	Area of Coverage (m2)	DoC No.

Requested by : _____ Company Name : _____
Name /Designation /Date

(II) COLLECTION OF DOC **Amount : S\$** _____

Our company will issue accordingly to the serial number assigned for the respective project as stated above.

I acknowledge receipt of STS DoC total qty : _____ Pcs

Acknowledged by : _____ Company Name : _____
Name /Designation /Sign /Date Company Stamp

(III) To Customer Service (Collection /Delivery)

Kindly pass to the Client the DoC with serial no.: _____

Processing Officer : _____ Approving Officer : _____
Name /Designation /Sign /Date Name /Designation /Sign /Date

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