

# APPLICATION FOR THE CONFORMITY ASSESSMENT OF LIFT

[2014/33/EE, FOR CYPRUS P.I 309/2016]

To **TUV CYPRUS Ltd.** – Notified Body 2261  
2 Papaflessa Street, 2235 Latsia, Nicosia, Cyprus, P.O.BOX.: 20732, Nicosia 1663  
Tel.: +357-22 442 840, Fax: +357-22 442 850

## 1. General Data

### - Data for the installer / maintainer / manufacturer (company, technical office)

Name: ZATA ASANSÖR TİCARET VE SANAYİ LİMİTED ŞİRKETİ

Address: ATATÜRK MAH. 31060.SK.NO:11 B MEZİTLİ/MERSİN

### Licensed Studier Data

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### - Owner Name / Building Operator

Hüseyin Sezgin, Sezginler Galeri İnş. Tic. Ltd. Şti.

### - Invoiced Data

Name: ZATA ASANSÖR TİCARET VE SANAYİ LİMİTED ŞİRKETİ

Postal Code: 33200 Phone: +905380330176 T.I.C: \_\_\_\_\_ V.A.T No :9971882024

## 2. Data relative to the product

Address of the installed lift: Çiftlikköy Mah 3206.Sok.No:11 Yenişehir/Mersin – 8197/8

Kind of the Lift: electric ☒ / hydraulic ☐ , Product s/n: ZATA-25/01

Use of the building: Residential ☒ , Office ☐ , Public ☐

Stops / Trave 6 / 15000 mm Nominal Load / Persons: 800kg / 10 kişi

Certificate from previous checks: \_\_\_\_\_

## 3. Procedure for the conformity assessment : (µε √)

3.1	Eu-Type Examination for Lifts	Annex IVB		<b>TUV CYPRUS LTD USE ONLY</b>	
3.2	Final Inspection for Lifts	Annex V			
3.3	Unit Verification for Lifts	Annex VIII	√	Availability	√
3.4	Conformity to type based on product quality assurance for lifts	Annex X		Technical completeness	
3.5	Full quality assurance	Annex XI			
3.6	Conformity to type based on production quality assurance for lifts	Annex XII			
3.7	Periodical Check	P.I 533/2012			
3.8	Extraordinary Check (P.I 309/2016 / P.I 533/2012)	P.I 309/2016 P.I. 533/2012			

### I declare that:

- I am aware of the P.I 309/2016 and I will comply with the regulations.
- I will pay all the relevant costs for the application of the above conformity assessment procedure to TUV CYPRUS Ltd.
- I am committed to give to TUV CYPRUS Ltd any other additional information, documents and samples, which are necessary for the assessment of conformity.
- I have not lodged the same application in other Notified Body.
- The product which I apply for assessment has been not rejected from any other Notified Body.

For the **TUV CYPRUS LTD**  
Lifts Department

**Name (Stamp) of Applicant**

Date / Signature

Date / Signature