

**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 Ticaret ve Sanayi Limited Şirketi*  
*Atatürk Mah. 31060 sk. No:11B Maziili/Mersin*  
Licensed Studier Data

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

- Owner Name / Building Operator

*Hüseyin Sezgin, Sezginler Geleni Dis Tic. Ltd. Sti*

- Invoiced Data

Name: *Zata Asansör Ticaret ve Sanayi Limited Şirketi*  
Postal Code: *33200* Phone: *+90 538 033 01 76*  
T.I.C: \_\_\_\_\_ V.A.T No *9971882024*

**2. Data relative to the product**

Address of the installed lift: *C.H. Teknik Mah. 3206 sk. No:11 Yenigazip Mersin*

Kind of the Lift: electric  / hydraulic  Product s/n: *ZATA-25/01*

Use of the building: Residential , Office , Public

Stops / Travel *6 / 5000* mm Nominal Load / Persons: *800kg / 10 persons*

Certificate from previous checks:

**3. Procedure for the conformity assessment : (με ✓)**

3.1	Eu-Type Examination for Lifts	Annex IVB	✓	TUV CYPRUS LTD USE ONLY	(✓)
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:**

- a) I am aware of the P.I 309/2016 and I will comply with the regulations.
- b) I will pay all the relevant costs for the application of the above conformity assessment procedure to TUV CYPRUS Ltd.
- c) I am committed to give to TUV CYPRUS Ltd any other additional information, documents and samples, which are necessary for the assessment of conformity.
- d) I have not lodged the same application in other Notified Body.
- e) 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

**ZATA ASANSÖR Tic.ve San. Ltd. Sti.**  
**Atatürk Mah. 31060 Sk. No:11/B**  
**Tic.Sic.No: 66081 Mezitli/MERSİN**  
**İstiklal V.D.: 997 188 20 24**  
**Mersis No:0997188202400001**