

**APPLICATION FOR
RENEWAL OF CERTIFIED CONTROLLED GOODS**

Name of Person to receive the Certificate:

Tel:

Email:

Designation:

Fax:

RS Code:

We are applying for renewal of the following certified Controlled Goods under Regulation 8 of the Consumer Protection (Safety Requirements) Regulations.

We note that the certified Controlled Goods may require re-testing depending on the applicable safety standards and requirements.

We shall bear full responsibility for the consumer safety of the product, and shall indemnify the suffered parties for any damage or loss due to the failure of the registered products.

S/N	Certification No.	Model No.	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Signature:

Name:

Designation:

Date:

Please note that making a false statement on this application is an offence under the Consumer Protection (Trade Descriptions and Safety Requirements) Act (Chapter 53).