CONSUMER PRODUCT SAFETY OFFICE

PART 1 – REGISTERED	SUPPLIER'S DATA
RS Code:	
Name of Company:	
	For Office Use: Cheque/PO/WO Number Amount Bank's Name
	Remarks
Name of Person to receive the certificate of conformity:	Designation:
Name of Person-in-charge of submission of appliction	Designation:
Tel:	Fax:
Email	
PART 2 – FACTOR (attach a separate list if me	
Factory's Name:	
Factory's Address:	
actory o readross.	
Country:	
Country:	

CONSUMER PRODUCT SAFETY OFFICE

PART 3 – CONTROLLED GOODS						
Proc	luct name and s	hort description:				
Trac	le Name / Brand	:				
Mod	el Number:					
		PAR	RT 4 – TEST REP	ORT		
	Report Number		Issued Date Name of Test Laboratory			
1.	roport		100000 2010	, tame e	Traine or Foot East-ratery	
2.						
3.						
4.						
5.						
6.						
7.						
8.						
		PART 5 -	- SAFETY COMF	PONENTS		
			Took Domont referen			
of Test Report, reference Refer to page						
issued by Test Laboratory,			, for a list of safety components			
or						
We list the safety components below as they are <u>different</u> from the details shown in the Test Report or <u>not</u> listed in the Test Report						
		<u>-</u>		·		
Co	mponents (eg. Mains	Manufacturer	Type No. / Model No.	Information about ratings,	Test Mark (if any)	
1	transformer)			insulation, etc		



PART 6 - REGISTERED SUPPLIER'S LEGAL STATEMENT

To: The Consumer Product Safety Office

We hereby apply to the Consumer Product Safety Office¹ (CPSO), Enterprise Singapore, 230 Victoria Street, #09-00, Bugis Junction Office Tower, Singapore 188024, for certification of controlled goods pursuant to the Consumer Protection (Safety Requirements) Regulations 2002.

We have read and understood the information contained in the Information Booklet issued by the CPSO and certify that all statements made and information given in this application are true to the best of our knowledge and belief.

We declare that all the required basic documents are attached to this application. We understand that our application will be delayed in the event the required basic documents are insufficient. We also note that payment is non-refundable.

Name of Company: (must be same as	in Part 1)
Signature:	Name:
	Designation:
	Date:
Please note that making a false staten	ent on this application is an offence under the Consumer Protection

(Trade Descriptions and Safety Requirements) Act (Chapter 53).

¹ The Consumer Product Safety Office is an office overseen by Enterprise Singapore