



CUSTOMER REQUEST FORM FOR BATCH TESTING

Name of Client	
Contact Person	
Contact number	

Description of product	
Certification of Conformity number	
Country of Origin	
Batch size	
Date batch arrived at customer warehouse	
Cargo clearance permit No. / Date issued	

I declare the information given above are correct and true.

Name:

Designation:

Date:

Signature:

Company Stamp:

For internal use:

Sampling carried out by	
Number of products in batch	
Sampling size	
Date of sampling	

Name / Signature / Date
Remarks: