



REQUEST FOR CERTIFICATE FORM

Your reference number (if any):	IDF number (if any):	UCR No. (if any):
Country of destination: <input type="checkbox"/> Algeria <input type="checkbox"/> Botswana <input type="checkbox"/> Côte d'Ivoire <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Ghana <input type="checkbox"/> Libya <input type="checkbox"/> Kenya <input type="checkbox"/> Tanzania (Mainland) <input type="checkbox"/> Tanzania (Zanzibar) <input type="checkbox"/> Uganda <input type="checkbox"/> Zimbabwe		
If any, BV Registration (SoR) No.: _____ BV Licensing (SoL) No.: _____		
Note: the Certificate (or Non Conformity Report) is issued based on the information communicated. Unless of a specific arrangement, the draft of the certificate is not sent prior issuance.		

Trade parties:	
Seller (Exporter): name and address Telephone: Fax: Email: Contact name:	Buyer (Importer): name and address Telephone: Fax: Email: Contact name: BPN number (if in Zimbabwe):
Payment information (Party responsible for paying the certification service applied for):	
Company name	Address
Contact details (name/email/tel/fax)	VAT number

Proforma Invoice / Contract Purchase Order			
PFI number and date	Currency:	Freight value (if applicable)	
PO number and date	Total Value	Insurance value (if applicable)	
Incoterm:	FOB Value	Other value (if applicable)	

Shipment & inspection information	
Type of delivery: <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Final Shipment method: <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Unknown	Packing: <input type="checkbox"/> FCL : x20" FCL x40" FCL FCL could be on truck Details: <input type="checkbox"/> LCL: <input type="checkbox"/> Bulk <input type="checkbox"/> General Cargo/Conventional <input type="checkbox"/> trucks (size/volume:) <input type="checkbox"/> Consolidated cargo
Location where goods are available for inspection (if same as the applicant, please tick the box <input type="checkbox"/>): Address: Contact name: Telephone: Fax: Email:	Country of supply: Expected date of shipment: Date of availability of goods: Expected port of destination:

Goods information	
Goods Description: Please attach list of products including HS codes (proforma invoice...)	
Goods conditions: <input type="checkbox"/> New <input type="checkbox"/> Second hand/Used <input type="checkbox"/> Complete <input type="checkbox"/> Complete knock down <input type="checkbox"/> Semi knock down	
ISO 9001 Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Certification :
Test Report provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Testing done by: <input type="checkbox"/> Own lab <input type="checkbox"/> Third party lab
Certificates provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicable standards (if Known):	
Lab information: ISO 17025 accreditation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	

Delivery of Certificate of Conformity - Please choose one of the followings (only one option could be selected):												
Country of destination	Algeria	Botswana	Côte d'Ivoire	Ethiopia	Gabon	Ghana	Libya	Kenya	Tanzania	Uganda	Zanzibar	Zimbabwe
Original certificate to exporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
Original certificate to importer	-	-	<input type="checkbox"/>	-	-	-	-	<input type="checkbox"/> Nairobi <input type="checkbox"/> Mombasa	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Electronic certificate (email to exporter)	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

General declaration of the Applicant	
I hereby declare that : my shipments will be accompanied with a valid certificate of conformity, I accept Bureau Veritas terms and conditions of service and I authorize Bureau Veritas to disclose information to concerned authorities when requested to do so, <input type="checkbox"/> I would like to ask for an account of Verigates to follow up all my files online	
Applicant name:	Title:
Company:	If different from above:
Signature:	Email:
Date:	telephone:

Please complete the above information and kindly return the form together with proforma invoice, copy of LC – if applicable – and documents proving conformity such as detailed description of the goods with technical characteristics and properties, available test reports, quality management system certificates, marks of conformity, national approvals, franchise agreement or similar for supplying branded goods -, as well as health, hygienic, phytosanitary, fumigation certificates as applicable. BV remains available to provide additional information about the VoC Programs.
 If you have any comments/complaints/appeals regarding the certification service, please inform in writing to gsit@bureauveritas.com