C.340/
C.341

BOTSWANA BUREAU OF STANDARDS
SCHEDULE II
FORM A
(Reg. 11 (3))
APPLICATION FOR A CERTIFICATE OF COMPLIANCE/ CONDITIONAL RELEASE CERTIFICATE/ REGISTRATION CERTIFICATE

1. **Details of the Applicant**
   Name of Business: ……..……...……..……..
   Postal Address of the Applicant: …….…….……
   Physical Address of Applicant……..
   Name of Contact Person…….……...…….…….....
   Telephone ……..Facsimile …… Email:…..…….

2. **Details of the Product**
   Product :……
   Type:…….……..……..
   Size (s)…….…….……
   Trademark:……..…….
   Number of the relevant standard……..……
   Certificate of conformity number……..……

3. **Details of consignment**
   Country of Origin:……..……
   Port of Entry:……..
   Quantity: ……..……...
   Total CIF Value:…….……
   Number of Consignments:……..

I/WE undertake to pay the prescribed fees and/or abide by the terms and conditions of the Compulsory Standards Regulations**.**

Applicant's Name :……..
Designation:…….……
(Full name of a person authorized to make declarations on behalf of the company)

…… **……**
(Signature of the applicant) **(Date Year / Month /Day**

FOR OFFICIAL USE

Receipt Number:.……Certificate Number: ……