

**TÜV SÜD PSB PTE LTD**  
**'PSB TEST' LABELS REQUEST FORM**

I. To : Operations Manager (Auditing) Fax : 6872 0531

I declare the number of labels required under the PLS, for each production batch are as follows:

COC No.	Product	Brand/Model	Project No.	Project Name	Date of project awarded	Date of work commencement	Date of work completion	No. of labels required
			1					
			2					
			3					
			4					
			5					
<b>Total :</b>								

Requested by: \_\_\_\_\_  
 Name/Signature/Designation of Requestor

Company: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: PLEASE ALLOW 7 WORKING DAYS FOR PREPARATION OF LABELS**

II. I acknowledge receipt of the 'PSB TEST' labels with serial no. \_\_\_\_\_ to \_\_\_\_\_ for the above project no.1  
 serial no. \_\_\_\_\_ to \_\_\_\_\_ for the above project no.2  
 serial no. \_\_\_\_\_ to \_\_\_\_\_ for the above project no.3  
 serial no. \_\_\_\_\_ to \_\_\_\_\_ for the above project no.4  
 serial no. \_\_\_\_\_ to \_\_\_\_\_ for the above project no.5

and will label accordingly to the serial no. assigned for the specific project as stated above.

\_\_\_\_\_  
 Name/ Signature/ Date

III. To: OIC (PSB Collection Centre)

Please collect **S\$** \_\_\_\_\_ /PO no. \_\_\_\_\_ from the client.

Please pass this form & the payment/acknowledgement slip to \_\_\_\_\_ at Auditing #03-12 The Franklin.