



CE Marking Program



1. Information about the certificate holder

Details of organisation *	Name and Business Registration Number (if applicable)		
	Street		
	Suburb/City		
	State/Postcode		Country
	Authorised representative: (for the certification process and for the approval of invoices)		
	Name		
	Position		
	Telephone	Fax	Email
Mailing address for authorized representative: (if different from above)	Address Street		
	Suburb/City		Country
	State/Postcode		
Contact for accounts payable (if different from above)	Name		
	Position		
	Telephone	Fax	Email
Mailing address for accounts payable: (if different from above)	Address Street		
	Suburb/City		Country
	State/Postcode		

2. Information about the manufacturing organisation

(if different from above)	Name				
	Street				
	Suburb/City		Country		
	State/Postcode				
	Contact	Position			
	Phone	Fax	Email		
	Occupational Health & Safety Issues Specify if visitors to your premises require personal protection equipment (e.g. goggles, hard hats or safety boots):				
	Role in Production				
No. of Employees:	Manufacturing	Design	Laboratory	QA	Other
Shift work? Yes / No					
Other manufacturers Please specify any other manufacturers / suppliers of critical components					
Manufacturer's name Please attach a separate sheet if required	Name				
	Address				
	Suburb			City	

	State	Postcode	Country
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Type of component/s

Does your company/product maintain other forms of certification e.g. ISO 9000, ISO 14001, HACCP, etc.? If so please identify the type of certification and the name of the certifying organisation. If the manufacturing site is not certified, please advise how long the Quality System has been in place?

3. Certification requirements and information about your product

What is the product?				
What is the applicable European Directive(s) for which certification is sought?				
What is the standard(s) to which the product has been tested?				
Provide details if CE Marking certification has been sought via another NB for the same product?				
Product subject to certification (Include listing of all models for which certification is required) Please attach a separate sheet if required	Model No.	Model name	Brand name	Description
Provide details if the product/system contains electronic parts?				
Provide details if the product can be used in underground mining?				
Describe materials used in the products (attach separate sheet if required)				
List current certifications from other certifying bodies for the product?				
List the intended market areas/countries for the product?				
Specify if the product requires special handling or storage?				

4. Application fee (Please refer to Scheme Fee Schedule)

Total fee payable	Currency	Fee
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5. Payment method (Kindly note: your application cannot be processed until receipt of fee payment)

Cheque	Cheques to be made payable to: SAI Global Limited (ABN 67 050 611 642)		
	A cheque for \$	is attached	Cheque No. Date
Credit Card	Please charge (tick where applicable)		
	<input type="checkbox"/> Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx (ID No.) <input type="checkbox"/> Other		
	Card No.		
	Expiry Date		
	Cardholder's name (please print)		
	Signature		
Telegraphic Transfer	Bank	Westpac Banking Corporation	THE REMITTANCE ADVICE SHOULD BE FAXED, EMAILED OR MAILED QUOTING:
	Address	Cnr Market & Clarence Sts Sydney 2000 NSW	ATT: Business Development Manager
Please make payment to:	Acc name	SAI Global Limited	Fax (+612) 8206 6032
	BSB Number	032016	Email product@saiglobal.com
	Acc Number	175282	Organisation name:
	Swift Number	WPACAU2S	Type of service and date:
		To ensure correct processing please include the following information with your payment.	Invoice number being paid (if applicable):
			Receipt of remittance advice details will minimise delays in processing your payment

Terms and Conditions

Signed for and on behalf of organisation	Signature of applicant or authorised officer of the organisation	Date
	Full name (BLOCK LETTERS)	Title
* Organisations may undergo a check on credit history through existing creditors and Credit Reporting Agencies. SAI Global reserves the right to reject any application.		
Signed for and on behalf of manufacture (if different from above)	Signature of applicant or authorised officer of the manufacture	Date
	Full name (BLOCK LETTERS)	Title
Please return completed application form with payment to:	The Business Development Manager, Product Certification SAI Global Limited GPO Box 5420 Sydney NSW 2001 Australia Email: product@saiglobal.com	
Your Privacy SAI Global Limited and its related bodies corporate ("SAI Group") respect stakeholders' privacy at all times. When processing your order or application we collect personal information about you for the primary purpose of providing you with a high level of customer service. We may also use this information to inform you of other related products and services available from the SAI Group and to contact you in relation to these products and services. As we value your privacy we do not make your personal information available to other organisations without your explicit consent, and you have the right to gain access to this information. For more information please see our Privacy Policy on our website www.saiglobal.com Please direct privacy related enquiries to the Chief Privacy Officer on (02) 8206 6000 or by e-mail: privacy.officer@sai-global.com		

