|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM FOR A CONFORMITY REPORT**  **(Following the Energy Efficiency (Labelling of Regulated Machinery) Regulations 2017)** | | | | | | |
| **PART A (To be filled by Importer)** | | | | | | |
| **Particulars of Importer Unique Identification no. :** | | | | | | |
| Name of Importer: | | | …………………………………………………………………………………………………………… | | | |
| Address: | | | ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………… | | | |
| BRN:  **Bill of Entry:**  (where applicable) | | | ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………… | | | |
| Import from (Country): | | | …………………………………………………………………………………………………………… | | | |
| Country of Origin: | | | …………………………………………………………………………………………………………… | | | |
| **Document enclosed / Goods Imported**  Copies of Product Certificate / Test Report or Goods Imported and details as per **Table**  – **Ref: AFE 002/17** | | | | | | |
| **Undertaking** | | | | | | |
| The undersigned, certify | | | | | | |
| i) | that I have not imported any goods prohibited under the Law of Mauritius subject matter of the present request are not prohibited by Law of Mauritius. | | | | | |
| ii) | having submitted the relevant and authentic product certificates/test reports for all types of goods imported, wherever applicable as detailed in Table – Ref: AFE 002/17, for verification purposes by the Mauritius Standards Bureau. | | | | | |
| iii)  iv) | that the MSB can submit a conformity / nonconformity report, which may be and/or will be issued by MSB to the Importer and to the Enforcement Authority or any other regulatory bodies.  that upfront payment will be effected by the Importer to MSB, upon submission of the application form , for testing the sample or verification of the product certificate / test report as applicable. | | | | | |
| Signature of importer: | | …………………………………………………… | | | Tel: | ………………………………… |
| ID No. of importer:  Date : | | ……………………………………………………  ……………………………………………………. | | | E-mail:  Fax no.: | …………………………………  …………………….………… |
| **PART B (To be filled by the Mauritius Standards Bureau)** | | | | | | |
| Name of receiving Officer: | | | | ……………………………………………………………………………..………. | | |
| Date: | | | | ………………………… | | |
| Remarks: | | | | | | |