APPLICATION FORM FOR A CONFORMITY REPORT								
Regulations:								
One of the following regulations shall apply. Tick as appropriate:								
Consumer Protection (Safety Requirements) Regulations 2019 (GN 142 of 2019)								
Plastic and Polyethylene Pipes and Fittings (Mauritius Standard Specifications) (Amendment) Regulations 2019 (GN 143 of 2019)								
Toys (Safety) (Amendment) Regulations 2019 (GN 144 of 2019)								
PART A (To be filled by Importer)								
Particulars of Importer								
Name of I	mporter:							
Address:								
DDN (5 - C)								
BRN (For Company):								
ID (For individual importer)								
Bill of Entry: (where applicable)								
Import from (Country):								
Country of Origin:								
Tables to be filled (as applicable) for Goods Imported Copies of certificates of conformity / Test Reports or Goods Imported and details as per: - TABLE 1 - TABLE OF GOODS/ DOCUMENTS, (All goods except electrical cables), Form: CA 002-1/19 - TABLE 2 - TABLE OF GOODS/ DOCUMENTS, (Electrical cables), Form: CA 002-2/19								
UNDERTAKING								
The undersigned, certify								
i)		e not imp	ported any goods prohibited under the Law of Mauritius subject matter of the					
ii)	having submitted the relevant and authentic certificates of conformity/test reports for all types of goods imported, wherever applicable as detailed in Tables CA002-1/19 and CA002-2/19, for verification purposes by the Mauritius Standards Bureau.							
iii)	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.							
iv)		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 certificate of conformity/test report as applicable.						
Contact pe						Tel:		
Signature:					Fax no.:			
ID of contact person:						T GX TIOT		
Date :				E-mail		L		
PART B (To be filled by the Mauritius Standards Bureau)								
Name of receiving Officer:								
Date:								
Jobcode:				-				
Remarks (if any):			-				

Form: CA001/19 Version 0.0 Issue No. 1.0 Nov 2019