JASWIC APPLICATION FORM

Applicant Name (Company): _____

Contact person: _____ **Signature:** _____

Date: _____ **Address where goods can be inspected:** _____

Tel: ( ) _____ **Fax: ( )** _____ **E-Mail:** _____

Manufacturer's Name : _____

Postal Address : _____

Tel: ( ) _____ **Fax: ( )** _____ **E-Mail:** _____

Importer's Name : _____

Postal Address : _____

Tel: ( ) _____ **Fax: ( )** _____ **E-Mail:** _____

Note: If the application is for a range of components, then information is required for each separate item in the range. If some items in the range fall under different standards, separate applications must be made for each.

Applicable SANS spec. number: _____ **SABS Mark Permit Number (if applicable):** _____

SABS Test report number: _____ **Date of report:** _____

Identification of component(s)

Description: _____

Pressure rating: _____ **Application of component (Water / Sanitation)** ***delete whichever not applicable***

Size/diameter (Range size/diameter if applicable): _____

Model number/name (pre-production samples cannot be submitted): _____

Marks of identification on product (trademarks/logo's/reference numbers): _____

Supporting documents attached

SABS full (not partial) compliance test report	**-**	**Included**	☐
SABS Mark Scheme certificate and schedules (if applicable)	**-**	**Included**	☐
Catalogue section with pictorial identification	**-**	**Included**	☐
Technical literature & installation instructions	**-**	**Included**	☐
Sales brochure & product description	**-**	**Included**	☐

Catalogue reference number and description for each item in the range listed (attach separate list if required):