



# QUALITY CERTIFICATES ISSUING SERVICES

## APPLICATION FORM – PRODUCT CERTIFICATION

### 1. APPLICATION DETAILS:

|                                     |                                                                                                                                                                                                            |            |  |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Applicant Type                      | <input type="checkbox"/> Manufacturer / <input checked="" type="checkbox"/> Importer / <input type="checkbox"/> Exporter / <input type="checkbox"/> Consultants / <input type="checkbox"/> Other (specify) |            |  |
| Applicant Name as per Trade License |                                                                                                                                                                                                            |            |  |
| Applicant Address                   |                                                                                                                                                                                                            |            |  |
| Authorized Person Name              |                                                                                                                                                                                                            | Telephone: |  |
| Applicant's Email                   |                                                                                                                                                                                                            | Website:   |  |

### 2. MANUFACTURER DETAILS:

|                                                                         |                                                                                                                                                     |            |  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Manufacture Name (If difference than Applicant)                         |                                                                                                                                                     |            |  |
| Manufacturer Address                                                    |                                                                                                                                                     |            |  |
| Contact Person                                                          |                                                                                                                                                     | Telephone: |  |
| Applicant's Email                                                       |                                                                                                                                                     | Website:   |  |
| Is any process related to the product being Outsourced (Subcontracted)? | <input type="checkbox"/> Yes (OR) <input type="checkbox"/> No<br>If yes, please Specify the details:<br>Inspection: Testing:<br>Consultancy Others: |            |  |

### 3. FACTORY LOCATION:

|                                                            |  |            |  |
|------------------------------------------------------------|--|------------|--|
| Factory Name (If different than Applicant or Manufacturer) |  |            |  |
| Factory Address                                            |  |            |  |
| Contact Person                                             |  | Telephone: |  |
| Applicant's Email                                          |  | Website:   |  |
| Factory Activities as per License                          |  |            |  |

### 4. DETAILS OF PRODUCTS TO BE CERTIFIED

Refer to the attached Product List file for the complete product details to be certified.

### 5. SIGNATURE OF THE APPLICANT

We hereby declare that the information given above is true as per best of my knowledge. By signing this application for certification, the Applicant declares to know and to observe the "Certification Agreement" (available in The Q website page, [The Q Agreements](#))

To know about the **Documents Required for Product Certification** please visit the [Product Certification Requirements page](#).

Filled in Applications can be sent to the corresponding Q personnel's email or [info@q-ae.com](mailto:info@q-ae.com)

|                         |  |              |  |
|-------------------------|--|--------------|--|
| Authorized Person Name: |  | Designation: |  |
| Legible Signature:      |  | Date:        |  |
| <b>Company Stamp:</b>   |  |              |  |

Note: The applications will remain open for a period of six months from the date the initial request is made. If the process exceeds this six-month waiting period without action from the client, it will be automatically cancelled, and a new request will need to be submitted.