

## Certification Request Form

<i>✓ Select the required program where applicable</i>							
Saudi Quality Mark		Saber / Saleem		SFDA Food		SFDA Cosmetics	
Other (Mention)							
Scheme Type	Type 1a		Type 1b		Type 3		
Technical Regulation							
Date of Application							

<i>✓ Select the required type where applicable</i>				
Application Type	New	Renewal	Revision	Reference Number
Product License				
SQM				
PCOC Saber				
SCOC Saber				
PCOC SFDA				
SCOC SFDA				
Others				

<b>Applicant Type</b>							
Authorized dealer/ Distributor		Manufacturer		Exporter		Importer	Third-party Logistics /Others
<b>Seller (Exporter)</b>				<b>Buyer (Importer)</b>			
Company Name:				Company Name:			
Legal Entity / CR No.:				Legal Entity / CR No.:			
License Expiry Date:				License Expiry Date:			
Address:				Address:			
Contact Number:				Contact Number:			
Email:				Email:			
Contact Person:				Contact Person:			
<b>Product Manufacturer</b>							
Company Name							
Product Name							
Product HS Code							
Address							
Contact Number							
Email							
Contact Person							

Legal Entity / CR No.	
License Expiry Date	

<b>Payer</b> (party responsible for paying certification service, if different from applicant's details)	
Company Name	
Company Address	
Contact Person	
Contact Email	
Contact Number	
Purchase Order No.	

<b>Cargo Details (if applicable)</b>			
Likely Shipment Date			
Loading Port			
Destiny Port			
<b>Goods Condition</b> (✓ Select the required type)			
New		Used	
Partially assembled (SKD)		Disassembled (CKD)	
		Assembled	
<b>Type of Delivery</b> (✓ Select the required type)			
Total		Partial	
		Final	
<b>Factory Inspection / Assessment (if applicable)</b>			
Likely Inspection Date			
Factory Name			
Factory Address			
Contact Name			
Telephone / Mobile			
Email			

<b>Invoicing Details (if applicable)</b>										
Invoice Number / Date										
Purchase Order										
Incoterm										
Currency										
Shipment Value (FOB)										
Shipment method	Road		Sea		Air		Multimodal		Other	

Packing Detail	FCL		LCL		Bulk		Trucks		Gross Weight	
No. of Trucks / Trailers										
Payment Method	L/C				Non-L/C					
<b>Shipment Reference (if applicable)</b>										
Importer Warehouse License										
Unique Consignment Reference No. (UCR No.)										
Bill of Lading No.										
Customer Dealer No.										
Food Establishment										

<b>Required Documents (Select)</b>										
B/L or AWB				Phytosanitary Certificate						
QMS or Equivalent Certificate				Certificate of Origin						
Proforma Invoice				EMS or Equivalent Certificate						
Commercial Registration Certificate				Test Certificate as per ISO 17025 Lab						
GMP or Equivalent Certificate				Copy of Label and Marking						
Health Certificate / Veterinary				Risk Assessment Document						
Halal Certificate				Product Specification Document						
Product Photos				Halal Slaughter Certificate						
Cosmetics Product Safety Report				Manufacturer Trade License						
L/C (Letter of Credit)				Certificate of Analysis COA						
ISO 22000 or Equivalent Certificate				Supplier Declaration of Conformity Form						
Energy Efficiency Label/QR code				Safety Verification Document						
Packing List				Ingredients List						
Self-Declaration Form				Other						
Sampling	Manufacturer		Third Party		Tove Leeds		Other			
Testing	Manufacturer		Third Party		Tove Leeds		Other			

### Declaration

I hereby declare that the information provided in this Product Certification Request Form is accurate, complete, and true to the best of my knowledge. I understand that any false or misleading information may result in the suspension or withdrawal of the certification process.

I further confirm that the product(s) submitted for certification comply with the relevant Saudi Arabian technical regulations and applicable conformity assessment requirements.

I authorize **Tove Leeds** to evaluate the submitted documentation and conduct all necessary conformity assessment activities in accordance with the guidelines and procedures set forth by the applicable Saudi regulatory authorities.

I agree to cooperate with Tove Leeds throughout the certification process and provide any additional information or clarification as required.

Signature & Stâmp:

Date:

Name:

Position:

### Review of Certification Request Form (For CB use only)

Request No. PCRf:

Date:

Product Category:

Product Name:

Product HS Code:

Normative Document:

Technical Regulation/Standard/Other

Scheme Owner

SASO

SFDA

Scheme Type

Type 1a

Type 1b

Type 3

Technical Evaluator Name:

Technical Evaluator Competency:

Application Status

Accept

Reject

Signature & Stamp:

Name:

Position:

Remarks: