



Test(s) Required :

Applicant signed (Name/Date) _____

Report No: _____ (Written by SGS staff)

1.The applicant applies for the above inspection and agrees that all tests should be conducted in accordance with the test service terms specified by the user (<http://www.sgs.com.tw/Terms-and-Conditions>) the company. 2. If there is no additional quotation, the company price shall prevail. 3. The test samples provided by the customer will be degraded and damaged due to sampling and testing requirements. The samples submitted for inspection will be retained for 3 months only (from the date of delivery) unless the applicant requires (from the date of delivery). It is recorded on the application form and will be processed separately. (According to the laboratory's sample storage specifications) 4. The laboratory did not provide a compliance statement in the report. 5. If the sample (or method) is judged to be deviated, the reason of the deviation will be stated in the report if the applicant instructs to keep on the testing. 6. The laboratory undertakes to keep confidential all information which is obtained or generated in the execution of laboratory activities, if it is not required by law.



Sample delivery address :

No.38, Wu Chyuan 7th Rd., New Taipei Industrial Park, Wu Ku District,
New Taipei City, 24890, Taiwan

24890 新北市新北產業園區五權七路 38 號

SGS Taiwan Ltd. UTIS LAB (Medical Device) _____

TEL : +886-2-2299-3279#7122~#7124, #7131

No. 9, 14th Rd. Taichung Industrial Park Taichung, 40755, Taiwan

40755 台中市西屯區工業十四路 9 號

SGS Taiwan Ltd. UTIS LAB (Medical Device) _____

TEL : +886-4- 2359-1515 #1500~1502, #1505

No.61 Kai Fa Road, Nanzih Export Processing Zone, Kaohsiung,
81170, Taiwan

81170 高雄市楠梓加工區開發路 61 號

SGS Taiwan Ltd. UTIS LAB (Medical Device) _____

TEL : +886-7-301212 #4804,4805,4809

Please send your product, signed application form, signed quotation and your copy version receipt to above address.

SGS application for the detection process << customer must first pay off the test amounts >>

- (1) Completed application form
- (2) Prepare sufficient sample application send to SGS
- (3) SGS receive your sample, Fax or mail formal quotations, make sure that the test items correct, the signature return
- (4) Please pay the inspection fee quotations, and fax it to +886-2-22981338 contact to the SGS
- (5) After completion of testing, SGS will fax the report or send electronic files to your company
- (6) Customers to reconfirm fax reports or electronic files
- (7) Customer confirmation, SGS will report the next day sent (by registered post office)
- (8) Invoice is subsequently sent
- (9) to complete the inspection process

Account for USD payment	
Beneficiary Name	SGS TAIWAN LIMITED
Beneficiary Acct No	5038411219
Beneficiary Bank	CITIBANK TAIWAN LIMITED, TAIWAN
Beneficiary Bank add	HSAING YANG BLDG NO 8, TAIPEI , TAIWAN ROC
Bank swift code	CITITWTX
Intermediate Bank Details (optional)	
Intermediate Bank Country/Territory	NEW YORK, USA
Intermediate Bank Name	CITIBANK N.A. NEW YORK
Intermediate Bank Swift code	CITIUS33

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