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| **Date:** |  |

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| We hereby apply for Authorized Valid Copy on the Specified Electrical Appliances and Materials listed below, in order to obtain the Statement of Conformity.  Thereon as specified in Article 13, Item (i) of the Enforcement Regulations of Electrical Appliances and Materials  Safety Act.  **\*\* This form is ONLY for application of Authorized Valid Copy from TÜV Rheinland Hong Kong Ltd.**  (Please send this Application Form to [mas@hk.chn.tuv.com](mailto:mas@hk.chn.tuv.com)) | | | | | | | | | | | | | | | | |
| 1. Applicant (Manufacturer / Importer who manufactures / imports the Specified Electrical Appliances and Materials on the application) | | | | | | | | | | | | | | | | |
| Company name： | | | |  | | | | | | | | | | | | |
| Address： | | | |  | | | | | | | | | | | | |
| TEL： |  | | | | | | | | | FAX： |  | | | | | |
| Company representative： | | | | |  | | | | | Signature or Stamp： | | |  | | |  |
| Title (Manager or above) : | | | | |  | | | | | | | | | | | |
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| 2. Delivery Information Same as above | | | | | | | | | | | | | | | | |
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| Contact person： | | |  | | | | | | | | | | | | | |
| TEL： |  | | | | | | | | FAX： | |  | | | | | |
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| 3. Agent, as mentioned in LOA (if applicable) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Company name： | | | |  | | | | | | | | | | | | |
| Address： | | | |  | | | | | | | | | | | | |
| Name of Contact： | | | |  | | | | | | Signature or Stamp： | | |  | | |  |
| Title of Contact： | | | | | | | | | |  | | | | | | |
| TEL： |  | | | | | FAX： |  | | | | | E-mail： | |  | | |
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| 4. Requested Authorized Valid Copies | | | | | | | | | | | | | | | | |
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| Item | | Certificate No | | | | | | Attachment | | | | | | | No. of copies | |
| 1 | |  | | | | | |  | | | | | | |  | |
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