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APPLICATION FORM FOR RECOGNITION OF TEST FACILITIES IN CONNECTION WITH IECEx OD024

BAS-AF-004 Issue 2

CUSTOMER:	SGS Baseefa Registration No.:
Name:	or Registration Form attached
Address:	
Contact Name:	Purchase Order No. (if applicable.):
Note: Please quote your customer regist	tration number if previously registered, or attach a registration form if a new customer.
Please list the tests you would lik	e to include in the scope of this service:
Standard/Clause	Description
Applications should be sent to SGS	S Baseefa Ltd.
All SGS services are rendered in a	ccordance with the applicable SGS General Conditions for Certification Services accessible at
	l-Conditions.aspx and the SGS Baseefa Ltd Supplementary Terms and Conditions accessible
	fatermsandconditions together with, where applicable, the Rules of the IECEx System
	m/publications/iecex-rules/. Attention is drawn to the limitations of liability and to the clauses on signing this document, the client confirms that he/she accepts the applicable SGS General
	es and the SGS Baseefa Supplementary Terms and Conditions, together with, where applicable,
the Rules of the IECEx System.	
I hereby confirm that I am authoris	ed to make this application on behalf of the Company.
Name (printed):	Position in Company:
Cianada	Data
Signed:	Date:
SGS BASEEFA LTD.	
Rockhead Business Park,	
Staden Lane, Buxton, Derbyshire SK17 9RZ	
DUALUIT, DUIDYSHIIG SKIT JIIZ	