	Certification Form	(CER/FM/ 01)
Title:	E-MARK APPLICATION FORM	Page 1 of 3

APPLICATION FORM FOR THE MARK OF EXCELLENCE LICENCE

Applicant's Name

Commercial Registration Number.....
.....

Physical Address.....
.....


Postal Address:
.....

Telephone Number:.....

Fax Number.....

Email:

Contact Person responsible for Management System
.....

	<p style="text-align: center;">Certification Form</p>	<p style="text-align: right;">(CER/FM/ 01)</p>
<p>Title:</p>	<p style="text-align: center;">E-MARK APPLICATION FORM</p>	<p style="text-align: right;">Page 2 of 3</p>

Title:

Phone

Email:

S/N	Product Description	Trade Mark or Brand in use with the product	Standard (Number, Title & Date of Issue)	Relevant specific rules (Number, Title & Date of Issue)

(For additional products please attach a separate page)


We the undersigned hereby apply for a licence to use the RBS Mark of Excellence on the product(s) specified above and declare(s) that he/they is/are properly authorized to make this application and to bind the applicant legally

Applicant's Representative:
(In block letters)

Date of application:
.....

Signature
.....

Official stamp

	Certification Form	(CER/FM/ 01)
Title:	E-MARK APPLICATION FORM	Page 3 of 3

FOR OFFICAL USE

Application number.....

Date delivered.....

Application expiry date.....

Application review results.....

Name of handling Official.....

Date.....Signature.....

Official stamp