

GUYANA NATIONAL BUREAU OF STANDARDS

PRODUCT COMPLIANCE SERVICES DEPARTMENT

APPLICATION FORM

Application is hereby made to import/manufacture commodities monitored by the Guyana National Bureau of Standards under the PRODUCT COMPLIANCE SERVICES DEPARTMENT in accordance with Section 22 B (1) and (2) of the GNBS (Amendment) Standards Act of 1997.

1. Name of Business:
(BLOCK LETTERS)

Address of Business:.....
 Business Registration No.:..... Telephone No.:..... Fax No.:.....

2. Name of Owner/Manager:..... Telephone No.:.....

3. Email Address:.....
(BLOCK LETTERS)

4. The Applicant is engaged in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Electrical/Electronic Appliances | <input type="checkbox"/> Tyres | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Garments | <input type="checkbox"/> Footwear | <input type="checkbox"/> Safety Matches |
| <input type="checkbox"/> Weighing and Measuring Devices | <input type="checkbox"/> Gas Stoves | <input type="checkbox"/> Cigarettes |
| <input type="checkbox"/> P.V.C. Pipes | <input type="checkbox"/> Furniture | <input type="checkbox"/> Cell Phones |
| <input type="checkbox"/> Toys & Playthings | <input type="checkbox"/> Safety Helmets | |
| <input type="checkbox"/> Christmas Tree and Decorative Lighting outfits | | |

5. Type of Business: Manufacture Import

6. Type of Application: New Renewal

7. List of commodities imported/locally manufactured:

COMMODITY	TYPE/BRAND	COUNTRY OF ORIGIN	SUPPLIERS (PRODUCTS/RAW MATERIAL)	CHARACTERISTICS (NEW/USED)

(Use additional sheet if required).

8. Technical Expertise available:

Name	Address	Telephone No.	Qualification	Experience

Contracted Full-time

9. Do you have a workshop to service your business operation? Yes No N/A
If yes, please state

Address of workshop if different from (2) above

.....

Contact Person:Tel No.:.....

10. Warranty

(a) Will warranties be provided to customers? Yes No N/A

If yes, state duration per product. (List on separate sheet if required).

(b) Will an after sale service be available? Yes No N/A

11. Do you have adequate storage premises for your product(s)? Yes No

If yes, state address of premises if different from (2) above

.....

Contact Person:Telephone No.:.....

.....
SIGNATURE OF APPLICANT

.....
DATE

NOTE: CASH OR CHEQUE TO THE AMOUNT OF TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00) FOR MANUFACTURERS AND THIRTY THOUSAND DOLLARS (\$30,000.00) FOR IMPORTERS NON-REFUNDABLE MADE PAYABLE TO THE GUYANA NATIONAL BUREAU OF STANDARDS (GNBS)

FOR OFFICIAL USE ONLY

ACCOUNTS	METROLOGY & STANDARDS COMPLIANCE DEPARTMENT
Registration fee received Yes <input type="checkbox"/> No <input type="checkbox"/>	GNBS Registration No. assigned:
Cash <input type="checkbox"/>	Completion of Registration form
Cheque <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Receipt No:
..... Signature Programme Officer
..... Date Date