

## Calibration Service Request Form

Date:

<b>Name of Client</b> (Company/Organization Name)	
<b>Contact Person</b> (Name & Designation)	
<b>Address of the Client</b> (Including Tel, Fax, E-mail)	
<b>Product/Item Name &amp; Serial No</b>	
<b>Brand &amp; Model</b>	
<b>Range</b>	
<b>Product/Service Description</b> [Calibration Point]	
<b>User Sample ID</b>	
<b>Instruction (If any)</b>	

I hereby declare that I/we do agree to make payment for the determined fees.

.....  
Signature  
(Authorized Client/  
Client Representative)

.....  
TO BE USED BY BRiCM  
(Acknowledgement receipt of product and service request)

.....  
Signature  
Officer In-Charge  
Service Delivery Section (SDS)