



REGULATORY CONSULTATION / ASSESSMENT ACCEPTANCE NOTE

Please complete the applicable sections of this document and return it to us by email. By completing and submitting this Acceptance Note it is confirmed that: (a) you agree for FACTS to complete the tasks quoted for and (b) the Terms & Conditions ([click here](#)) have been read, understood and are agreed to.

COMPANY DETAILS:

Date _____

Company name _____

Physical address _____

Technical contact person _____

Position within company _____

Email _____

Tel / mobile number _____

Accounts contact person _____

Email _____

Tel / mobile number _____

VAT registration number _____

Quotation number _____

Purchase order number _____

SERVICE REQUEST FORM:

Labelling Evaluation Other Regulatory Service

LABELLING EVALUATION

Reason for the evaluation? _____

Standards or regulations label need to comply with? _____

GENERAL COMMENTS

PLEASE CONTACT US IF YOU HAVE ANY QUERIES REGARDING THE SERVICES WE OFFER.
WE LOOK FORWARD TO ASSISTING YOU TO ACHIEVE YOUR OBJECTIVES.

PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS DOCUMENT