



**MALAWI BUREAU OF STANDARDS
CERTIFICATION AND INSPECTORATE DIVISION**

APPLICATION FOR PERMIT TO APPLY STANDARDIZATION MARK

FORM MBS-CID-PR7.2-FM-01

Please return the completed form by _____

**To: Malawi Bureau of Standards, P O Box 946, Blantyre
Telephone: 01 670 488 Telefax: 01 670 756**

1. **Name of firm:** _____
Postal address: _____ City: _____
Street name: _____ Plot nr: _____
Telephone: _____ Email: _____

2. **Factory address** (if different from above):
Name of factory: _____
Postal address: _____ City: _____
Street name: _____ Plot nr: _____
Telephone: _____ Email: _____

3. Name and title of person responsible for the Quality Management System of applicant:

3.1 Name: _____

3.2 Title: _____

4. Commodity details

4.1 Brief description: _____

4.2 Trade mark(s): _____

5. Application fee:

Cheque amount MWK: _____ Cheque nr: _____ enclosed

6. Declaration and signature:

6.1 I/We hereby apply to use on the above-named commodity, the mark declared by the Malawi Standards Board to be a standardization mark in respect of this commodity, or for its manufacture, production, processing or treatment and undertake to observe the requirements of Malawi Standard(s) MS _____

6.2 I/We undertake to observe the requirements of the Malawi Bureau of Standards Act (Cap 51:02), the regulations framed thereunder and the general and specific conditions relating to the application of the standardization mark to a commodity and to settle all fees as prescribed by the Malawi Standards Board.

Signature: _____

Capacity: _____

Name in full: _____ Date: _____