

## EMC CoC ISSUANCE APPLICATION FORM (SABS A-LAB)

1. Inaccurate or incomplete applications will not be processed.
2. Only application made on this prescribed form (CoC Issuance Application Form) will be accepted.
3. The "Applicant" (with details completed in section A of this form) will be liable for all costs associated with the application
4. Communications will be limited only to the Applicant and its representatives during the application process
5. The lead-time (turnaround period) will be determined by the Quotation Acceptance and submission of Valid Proof of Payment.
6. Only test reports issued by an authorised laboratory through the SABS A-Lab will be accepted
7. A maximum of four (4) product model variants will be included per CoC
8. CoC shall ONLY be issued to South African registered entities
9. By signing this application form, the Applicant accepts the full SABS Conditions of CoC issuance process.
10. The principle of One Brand or Trade Name/One Manufacturer/One Certificate Holder/a maximum of Four (04) Model Numbers shall be applicable for all SABS EMC CoC application processes.

### TYPES OF APPLICATIONS AND FEES

1. New application: ZAR 16 000.00 (Full EMC testing required)
2. Product Variant Addition: ZAR 5 000.00 (Adding variation models of a certified product without modifications that will affect EMC test results, no EMC re-testing is necessary but declaration from the manufacturer and SABS A-Lab is required)
3. Product Modifications: ZAR 5 000 (When modifications of components, functionality and/or layout of a certified which may affect EMC test results are made, full EMC re-testing is required)
4. Product Manufacturer Addition or Change: ZAR 5 000 (When a manufacture is changed or added for the same product, full EMC re-testing is required)

### A. Applicant Details

Company/sponsor name:	
Street address:	
Postal address:	
Contact person:	
Telephone number:	
E-mail address:	

### B. Certificate Holder Details (Details to be printed on the CoC)

Company name:	
Company registration number:	
Street address:	
Postal address:	
Contact person:	
Telephone number:	
E-mail address:	

### C. Product Manufacturer Details

Company name:	
Street address:	
Contact person:	
Telephone number:	
E-mail address:	

## D. Application Details

Application Type:	New Application (complete section F)	Product Variant Addition (complete section G)	Product(s) Modifications (complete section H)	Product Manufacturer Addition or Change (complete section I)
CoC disposal instructions:	Posted	Collected	Emailed	
SABS A-Lab:				
Any other relevant information from the Applicant:				

## E. Payment Details:

Method of payment:	Cash	Wire Transfer	Direct deposit	EFT	
Bank: ABSA	Account No.: 405 322 5013	SWIFT CODE: ABSA ZAJJ	IBAN No.: 632-005	Branch Name: Brooklyn Square	

## F. Product(s) Details (as it will appear on the test report(s))

Description of Product:	
Brand or Trade Name:	
Model Number:	
Model Variants (maximum 3):	
Serial Number:	

## G. Product(s) Variant Details

Model Number of Certified Product:	
Issued CoC number:	
Additional Model Variants (maximum 4):	

## H. Modified Product Details

Model Number of Certified Product:			
Issued CoC number:			
Test Report Number:			
Modifications:	Components	Functionality	Layout

## I. New/additional Manufacturer details

Company name:	
Street address:	
Contact person:	
Telephone number:	
E-mail address:	

## I. Undertaking by the Applicant:

1. I/We undertake to assist the South African Bureau of Standards (SABS) staff at my/our expense, in all aspects reasonably required for testing, inspection and/or evaluation purposes.
2. I/We undertake that all products supplied, subsequent to the issuing of the CoC, shall maintain all technical requirements as the tested product.
3. I/We accept that the certification of the aforementioned product is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the supplementary conditions and regulations imposed by the Independent Communications Authority of South Africa (ICASA) from time to time.
4. The person signing the application on behalf of the applicant must acknowledge as follows:

I, the Applicant, acknowledge that ICASA and the SABS reserves the right to have any certificate amended or revoked pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Full Name and Surname: .....  
(APPLICANT)

Signed.....  
(APPLICANT)

I certify that this declaration was signed and sworn to before me at ..... on the.....day of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

.....  
COMMISSIONER OF OATHS

Name:  
Address:  
Capacity: