

**ENQUIRIES FORM**

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**Date Received:**

**Company/Organization:**

**Name/Contact Person:**

**Postal Address:**

**Country:**

**Telephone No(s):**

**Fax:**

**Email Address(es):**

**Enquiry Received Via:** Telephone  Fax  Letter  Email  Personal visit   
*(please (✓) appropriately)*

**Information Requester:** Calibration Laboratory  Medical Laboratory   
*(please (✓) appropriately)* Testing/Veterinary Laboratory  Inspection Body   
Management system certification Body  Personnel Certification Body   
Product Certification Body  Legal Metrology Body

Other *(specify)*:

**Information Requested (Subject):**

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**Type of Information:** Accreditation  Training   
*(please (✓) appropriately)*

Other *(specify)*:

**Comments:** Information supplied/not supplied *(delete inappropriate)*:

**Request Received by (initials):** \_\_\_\_\_

**Actioned by:**

**Enquiry Completed on:**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_