

REQUEST FOR CERTIFICATE



Trade Parties and place of inspection				
Exporter's/Seller name:		Importer's name:		
Address:		Address:		
City:		City:		
Country:		Country:		
Telephone:		Telephone:		
Email:		Email:		
Contact name:		Contact name:		
Location where goods are presented for inspection:				
Address:				
City:				
Country				
Telephone:				
Email:				
Contact name:				
Contact name.				
Date goods ready for inspection:				
Dute goods ready for hispection.				
Pro-forma invoice / Invoice details: (Shipment value)				
Number:		Currency:	\$ USD	
Date:		Total Value:		
Goods information				
Required documents (preferably before inspection):				
- RFC				
- Pro-forma invoice/ Commercial invoice				
- Packing list with all the details of the goods(weight, carton number, production and expiry dates etc)				
- Test report or reports of analysis certificates(should comply with the SSNBS or EAC standard)				
issued by ISO 17025 laboratory				
Quantity:				
Shipment mode: Air Sea Road				
Entry point:				
- Juba Airport Reg 114 12 12 12 12 12 12 12 12 12 12 12 12 12				
- Nimule Border Point (between RSS and Uganda)				
Deguined Standard				
Required Standard Sudanese Standard SSNBS				
Equivalent International Standard				
Description of goods (can be provided in separate document)				
1. Item name:				
2. Model				
	3. Specification			
Applicant details:				
Applicant name:		Title:		
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Baltic Control remains available to provide additional information about SSNBS program for the Republic of the South Sudan Baltic Control Terms and conditions available at http://www.balticcontrol.com