

 NSi NAMIBIAN STANDARDS INSTITUTION	ALCOHOL-BASED HANDRUB / HAND SANITISER CERTIFICATION SCHEME	Document No: PRC-ABHS-P01-FE Page 1 of 2
	IN- TRANSIT APPLICATION FORM	Version: 01 Effective: July 2020
	Compiled by: NSI Certification	Approved by: GM-Certification

ALCOHOL BASED HAND SANITISER IN-TRANSIT PERMIT REFERENCE NUMBER	CPIR NO:	0	0	0	/	Y	Y	Y	Y
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The applicable fee of N\$ 550 (excluding VAT) must be paid in full at the time of submitting this application.

Note: No application will be processed before payment of the applicable fees.

This form should be completed in full and returned to:

Namibian Standards Institution (NSI)

Tel: +264 61 386400 Fax: +264 61 386454

P.O. Box 26364 Windhoek, Namibia

Channel Life Tower, M1, Post Street Mall, Windhoek, Namibia

Email : certification@nsi.com.na

PART I: IMPORTER'S DETAILS:

Importer's Name:	Date of application:
Business Physical Address:	
Business Postal Address:	
Telephone Number:	Email Address:
Fax Number:	Contact Person & Position held:

PART II: PRODUCT DETAILS:

Manufacturer's Name:	Business Physical Address:
Product brand name:	
Date of manufacture and/or batch number:	
Product shelf-life:	Type of alcohol present (e.g. ethanol/isopropanol): <i>(attach Certificate of Analysis)</i>
Alcohol based hand sanitiser type (liquid/gel):	Nominal volume or mass of packages:

PART III: TRANSPORTATION DETAILS:

Transporter Name:	
Point of Entry in Namibia:	Point of Exit in Namibia:
Country of Origin:	Country of Destination:
Mode of transportation:	
Expected date of departure:	

The following documents should be attached:

- Bill of Landing / Invoice / Order sheet
- Product Material Safety Data Sheet (MSDS)
- Certificate of Analysis (COA)/ Test report
- Product Label
- Country of origin
- SAD 500 – Customs Declaration Form

Declaration:

I / We _____ the undersigned of _____ (Company name) being the agent / principal of _____ (importer) do hereby declare that the information and particulars provided by me/us herein are true and complete and I / We accept to comply fully with the conditions and requirements for In Transit Permit of alcohol based hand sanitiser products.

Signed on this _____ day of _____ 20_____

Signature of applicant: _____

Capacity: _____

Disclaimer:

In-transit permit is issued for hand sanitisers in respect of this application is valid for 7 days only per consignment.

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PART V: EVALUATION – FOR OFFICIAL USE ONLY

Payment Details:

a) Application fee: N\$. Date: Receipt No:

I have examined the application based on the following criteria: **YES / NO / N/A**

1. Product manufacturing date: _____
2. Product expiry date: _____
3. Product specifications: _____
4. Country of origin document: _____
5. Customs Declaration: _____
6. Bill of landing/ Invoice / Order sheet: _____
7. Product label sample: _____
8. Material safety data sheet(s): _____
9. Additional documents:
 - a) _____
 - b) _____
 - c) _____

Application forwarded for Approval / Rejection (state reason(s) for rejection):

Application referred back to applicant (state reason(s)):

I hereby declare that no conflict of interest or any other situation known to me exists that could have a negative effect on decision that will be taken by myself during the review of this application.

Name: _____ Title: _____
 Signed: _____ Date: _____

We hereby declare that no conflict of interest or any other situation known to us exists that could have a negative effect on decision that will be taken by ourselves during the review of the assessment of this application.

Reviewed for Approval / Rejection:

Manager – Certification, NSI Date: _____

General Manager – Certification, NSI Date: _____

Chief Executive Officer, NSI Date: _____