**IMPORTANT NOTES: PLEASE TYPE OR PRINT IN BLOCK LETTERS AND USE ONE BOOKING FORM PER INSPECTION**

**ALL BOOKING FORMS ARE ONLY EXCEPTED BY LABTECH IF THE BOOKING FORMS ARE SENT AS PDF-FILE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To:** | | | **Labtech Ltd.** | | | **Inspection No.:** | | | |  | |
| **Applicant Company Name:** | | |  | | | **Customs HS-Code:** | | | |  | |
| **Full Address:** | | |  | | | | | | | | |
| **Contact Person:** | | |  | | | **Tel.:** | | |  | | |
| **E-Mail:** | | |  | | | **Fax:** | | |  | | |
|  | | | | | | | | | | | |
| **Retailer/Buyer Company Name:** | | |  | | | | | | | | |
| **Full Address:** | | |  | | | | | | | | |
| **Contact Person:** | | |  | | | **Tel:** | | |  | | |
| **E-Mail:** | | |  | | | **Fax:** | | |  | | |
|  | | | | | | | | | | | |
| **Type of Service** | | | | **Previous Report No.** *(only repetition of sample picking/inspection)* | | | | | | |  |
| **Loading Check?** | **Yes**  **No** | | | **If “yes” countries for loading check:** | | |  | | | | |
| **Moisture Check?** | **Yes  No** | | | **If “yes” Moisture Requirement:** | | | Requirement with item name. | | | | |
|  | | | | | | | | | | | |
| **Order Details:** |  | | | | | | | | | | |
| **Product Description:** |  | | | | | | | | | | |
| **Item/ Style No. + color:** |  | | | | | **Shipping date:** | | | | |  |
| **Order details**  (mark with a cross + fill in order no. and quantity) | **Country:**  Order Quantity  Order Quantity  Order Quantity  Order Quantity  Order Quantity  Order Quantity  Order Quantity  Order Quantity  Order Quantity | | | | | | | | | | |
| **Quality carton picking** | for | | | | for | | | | | | |
| **Additional cartons**  *If “yes” amount of carton picking* | of | | | | of | | | | | | |
|  | | | | | | | | | | | |
| **Additional Amendments:**  (*additional pickings or other comments for the inspector*) | |  | | | | | | | | | |
| **Factory/Company Name:** | |  | | | | | | | | | |
| **Full Address:** | |  | | | | | | | | | |
| **Contact Person:** | |  | | | | **Country:** | |  | | | |
| **E-Mail:** | |  | | | | **Tel:** | |  | | | |
| **Requested Inspection date:** | | Click or tap here to enter the date | | | | **Fax:** | |  | | | |

**Remark**:

1. Inspection request shall be made at least 5 working days prior to the scheduled date of inspection.
2. Re-send this form to Labtech Ltd for any amendment cause delay in processing your booking.
3. Postponement or cancellation shall be made at least 1 working day in advance.
4. Make sure the goods are ready for inspection according to client`s requirement upon Labtech Ltd.

5. Also take care about the provided conditions for the inspection:

-An inspection table; sufficient light, safe inspection area, sufficient manpower to assist the inspector,

Otherwise, the inspection will be aborted, and you are required to absorb the abortive inspection fee of agreed.

**Name / Authorized Signature / Company Chop**

**Date:** Click or tap here to enter the date.

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| Labtech Ltd.  Meem Tower (4th & 5th floor)  Plot # 18, Road # 12.  Sector 6, Uttara,  Dhaka 1230, Bangladesh. | Managing Director:  Thomas Hülsmann  Director: Gerrit Berends | Bank details:  A/C Name: Labtech Ltd.  A/C Number: 1002-504775-001  Bank name: IFIC Bank Ltd.  Swift: IFICBDDH002 | Bank address:  IFIC Bank Ltd.  Gulshan Branch,  109, Gulshan Avenue,  Dhaka-1212 |