

DOC. NO: FM-PCT-01 **DATE** : 2009-11-03

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The	Director	General	
SRI	LANKA	STANDARDS 1	INSTITUION

I/We hereby apply for a permit to use the Certification Mark under the SLSI – SLTB Product Certification Scheme for Tea. Relevant particulars of the product and my/our organization are given below: 1. PRODUCT TYPE (Black Tea / Green Tea) 2. NAME (Name under which application is made) (a) Private (b) Management /Plantation Company (c) Tea Shakthi d) Semi - Government Full name Full registered name Name of the company/Association and/or full names of partners 3. FACTORY/GARDEN MARK REGISTRATION NO. (As per the SLTB Registration) 4. ADMINISTRATIVE DISTRICT 5. FACTORY BELONGS TO WHICH SLTB REGIONAL OFFICE; Bandarawela/Galle/Matara/Rathnapura/Hatton/Mathugama/Gampola 6. FACTORY CAPACITY (In terms of kg of Made tea per Month) 7. ADDRESS 7.1 Postal /Registered Address: Tel: E-mail: Fax: 7.2 Factory Address where the product is manufactured: Tel: Fax: e. mail: (Please annex a sketch indicating the route to the factory)



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Names and designations of the persons who will be responsible to the for SLS -SLTB Product Certification

Scheme work in connection with the Certification Mark
Nominee:
Deputy:
9 PRODUCT DETAILS 9.1 Type of production Process: (Please indicate whether Ortodox, Rotarvain or CTC & attach a certified Rolling Programme)
9.2 Garden Mark/Brand Name: (Please attach a certificate of registration of the Garden Mark/Brand)
9.3 Name and address of the Garden Mark/ brand owner in case the Garden Mark/ brand owner is not the manufacturer, please attach a letter from the Garden Mark/ brand owner, granting permission to manufactured product bearing the particular Garden Mark/ brand name at the manufacturing premises.a) Name and address
b) Letter of Authority attached Not relevant
9.4 Types grades of products:
9.5 Packing details
Packing materials used:
Packing sizes:
9.6 Whether commodity or product conforms to Sri Lanka Tea Board Guideline/ISO 3720/ SLS 135 (Please attach a recent test report)



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1 Whether the Company has obtained any syst	em certification
Yes No	
2 If yes, 10.2.1 Type of certification	Certifying organization Scope validity of certificate period
a) ISO 9001	
b) HACCP	
c) ISO 22000	
d) GMP	
e) ISO 14001	
f) Any other (Specify)	
10.2.2 Whether the Company has obtained	Certifying organization Scope validity of certificate period
a) CQC	
b) TASL – SGS Certification (Please attach copies of certificates)	



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11 DECLARATION BY APPLICANT

I/We declare that the product mentioned above is manufactured only at the factory premise mentioned in 7.2 above under this brand name of

In order to ensure conformity of the said product to the relevant Standards, I/We undertake to operate a quality assurance system as recommended by the Institution.

I/We agree to extend to the Institution all reasonable facilities at my/our command and I/We also agree to pay all fees payable prior to the grant of permit.

I am/We are conversant with the requirements of the regulations framed there under. In the event of being issued a permit to apply the mark, I/We undertake to observe the provisions the regulations and the general and specific certificate conditions relating to the application of the Certification Mark to the product specified above, as prescribed by the Director General or the officer authorized on that behalf by the Director General .

In the event the certificate being suspended or cancelled, I/We undertake to cease with immediate effect the use of the Certification Mark on product covered by the certificate and to withdraw all relevant advertising material and to take such other steps as may be necessary to fulfill the provisions of the aforesaid regulation.

Signed at	•••••	on this day	of						
(place)	(day)	(month)	(year)					
Signature:	•••••	•••••	•••••						
Name:	•••••		•••••						
Designation:									
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For and on behalf of:									
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