

CUSTOMER ENQUIRY (Form 1A)

Enquiry No (for Beacons use only): E _____	Regulatory No (for Beacons use only): R _____
Customer ID (for Beacons use only): C _____	
Please Indicate N.A. (Not applicable) in those sections that are not relevant. Please attach additional pages if necessary (more information or insufficient space provided).	
SECTION 1: COMPANY PARTICULARS	
Name of Company (in block letters)	Address:
Tel No:	Fax No:
	Email:

SECTION 2: CONTACT PERSON PARTICULARS		
Name (Mr/Ms/Mrs/Mdm/Dr):	Designation:	
Tel No:	Fax No:	Email:

SECTION 3: NATURE OF ENQUIRY (Please tick appropriate):		
3.1 Services Required	<input type="checkbox"/> Develop a product <input type="checkbox"/> Product registration <input type="checkbox"/> Laboratory test <input type="checkbox"/> Manufacture Only <input type="checkbox"/> Manufacture cum re-packing into finished goods <input type="checkbox"/> Re-packing Only <input type="checkbox"/> Other service Others please specify:	
3.2 Order Volume / Lead-time expected	First order qty: _____ Pack size: _____ Forecast annual qty: _____ Lead-time for subsequent delivery: _____ (days/weeks)	

SECTION 4: REGULATORY REQUIREMENTS (Please tick appropriate):		
4.1 Registration Status in Singapore & Other Countries	Country: _____ Registration: (Yes / No) Forensic Class: (P / POM / P+, POM / G / _____)	
4.2 Sales	<input type="checkbox"/> Export Only <input type="checkbox"/> Sales in Singapore	
	If for export purposes, please specify the importing country and the regulatory requirements that Beacons would have to comply with. Any additional documentation required for importation and sales?	