

# SAMPLE RECEIPT FORM

Date Submitted:

Company Name

Contact Name

Address

Title



E-mail



Phone/Fax



Mobile Phone

## SAMPLE INFORMATION:

Sample Name : ..... Qty : ..... Packaging Type : ..... Parameters : ..... 1. .... 6. .... 2. .... 7. .... 3. .... 8. .... 4. .... 9. .... 5. .... 10. ....	Sample Name : ..... Qty : ..... Packaging Type : ..... Parameters : ..... 1. .... 6. .... 2. .... 7. .... 3. .... 8. .... 4. .... 9. .... 5. .... 10. ....
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*If there is not enough space for sample information please attach the information in separated paper.*

### Priority Status:

- Normal (10 working days)
- Urgent (7 working days)
- Very Urgent (5 working days)

Received by	Submitted by
_____	_____

### PT. TÜV NORD Indonesia

**Head Office**  
 Arkadia Green Park, Tower F 6<sup>th</sup> Floor,  
 Suite 602-604 Jl. TB Simatupang  
 Kav. 88, Jakarta Selatan 12520  
 Tel +62 21 78837338  
 Fax +62 21 78837336  
 Email indonesia@tuv-nord.com

**Laboratory**  
 Jl Science Timur 1 Block B3-F1 & F2,  
 Kawasan Industri Jababeka V Cibatu  
 Cikarang, Bekasi 17530  
 Tel +62 21 29574720  
 Fax +62 21 29574721

**Surabaya Branch Office**  
 Intiland Tower 11<sup>th</sup> Floor, Suite 1 E,  
 Jalan Panglima Sudirman 101 - 103,  
 Surabaya 60271  
 Tel +62 31 5344454  
 Fax +62 31 5344482

**Medan Representative Office**  
 Graha Merah Putih 6<sup>th</sup> Floor  
 Jl. Putri Hijau No.1 Kesawan  
 Medan 20111  
 Tel +62 61 8881 8957

