☐Analysis Request Form / ☐Inquiry Form (1) Date of entry SCAS SINGAPORE PTE LTD [Town Office] Person 2 Jurong East Street 21, #04-02 IMM Building, in charge; Singapore 609601 FAX: +65-6899-8013 Ms. Teresa Su TEL: +65-6899-3819 Requester Company name TEL (Address (Extension) Position FAX (Name Mail Address Title Requested date of report issue (RE;) Return of Container data attached, is Number of test samples Return of test samples is Requested No or Yes Requested return of data is required by Yes requester? If so, (what is requested due date? Or No Information on test sample Name of test sample (History, Structure, Components, etc.) Form of test sample; Solid, Liquid or Gas Scheduled shipping date for test sample (Datails:) / / Instructions for handling (safety, etc.) Purpose of analysis; Qualitative determination, Quantitative determination, Elemental analysis, Examination of physical propertied, Surface analysis, etc. Details of analytical purpose (points of special caution and notice) Previous Reference Number (See previous Analysis Report.) Previous Quotation Number Analytical method Analytical conditions (Please fill in if you have special request on the method pretreatment, analytical conditions, etc.)

When the space in the above boxes is not sufficient, please write on separate sheet (any form) and attach it.

Notes

□ Analysis Request Form / □ Inquiry Form (2)

Date of entry

SC	AS SINGAPORE	PTE LTD					
	Person		[Town Office]				
in charge ;				2 Jurong East Street 21, #04-02 IMM Building,			
Ms. Teresa Su				Singapore 609601 FAX : +65-6899-8013			
				TEL: +65-6899-3	819		
Requester Company name Address Position Name Mail Address						TEL () - (Extension) FAX () -	
Title (RE	;				I	Requested date of report issue	
Number of test samples		Return of test samples Requested No or Yes		·	or Yes	by requester? If so, (what is requested due date?) Or No	
Information on test sample (History, Structure, Components, etc.)				Form of test sanmple;Solid, Liquid or Gas (Datails)			
Scheduled shipping date for test sample				Instructions for handling (safety, etc.)			
Purpose of analysis (point of special caution and notice)				Analysis conditions (Please fill in if you have special request on the method pretreatment, analytical conditions, etc.)			
Name of test sample		Number	Analylical Melhoo		Comp	I NOIES	
1							
2							
3							
4							
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10							

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