|  |
| --- |
| COMPANY INFORMATION |
| **Demand Date** |   | **Demand Number \*** |  |
| **Name** |  |
| **Address** |  |
| **Tax Identification number** |  | **Tax Administration** |  |
| **Invoice Address** |  |
| **CORPORATION ATHORITATIVE INFORMATION** |
| **Name Surnames** |  |
| **His/Her Title** |  | **His/Her Title** |  |
| **Phone Number** |  | **Phone Number** |  |
| **Remarks ( Abouth Comparison )** |  |
| INTERLABORATORY COMPARISON INFORMATION  |
| **NO** | CODE | INTERLABORATORY COMPARISON TITLE | **COMPARISON DATE** | **REMARKS** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| DELIVERY INFORMATION (All Shipping costs are the responsibility of the Customer. Invoice can be send by post or by hand.) |
|  | Post | By Hand | **Cargo** | **Remarks (If you want your shipment to a different address)** |
| **Standard / Devıce** | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **Certificate / Report** | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **Invoıce** | **[ ]**  | **[ ]**  |  |  |

NOTES : This form is only used for Comparison demands. Form including our Comparison Offer will be sent to corporation authoritative by fax or e-mail.

In case of insufficiency of the Comparison demand form, this form may be duplicated.

 You can sent the demand form by fax (+90 312 361 23 56) or by e-mail (kalibrasyon@mgm.gov.tr).

“MGM KALMER Terms and Conditions” can be seen by www.mgm.gov.tr.

(\* ) Demand number will be filled by MGM KALMER.