



Address of Centre of Relations with Exporters 1

BUREAU VERITAS

RC AMERICAS

BIVAC NORTH AMERICA INC
3663 N SAM HOUSTON PARKWAY E
HOUSTON, TEXAS

77032

Fax: 281-9861357 / 281-9861331

Phone: 1 281 986 1300

2 REQUEST FOR INSPECTION

3 EXPORTER :

CONTACT NAME :

TELEFAX : TELEPH.:

YOUR EXPORT TO :

YOUR PRO FORMA INVOICE : DATE :

YOUR PF. INVOICE VALUE :

4.BUREAU VERITAS REF.:

BRI/REM No.:

5 IMPORTER :

7 VALIDITY DATE :

9 DESCRIPTION OF THE GOODS :

MASSA DE TOMATE, ACUCAR

If you intend to ship goods free of charge, please give the list and their value

9 IMPORTANT - PLEASE READ CAREFULLY

This inspection is conducted on behalf of the government of the importing country. BUREAU VERITAS / BIVAC will report to the government the quality, quantity and value in order to establish a Customs value for duty purposes. This inspection does not effect any commercial or contractual liability between the buyer and seller.

- Proforma invoice - Technical specification - Certificates of quality - SED
- Export price-list - Catalogue - Copy of Letter of Credit (if any)

This inspection report is valid 1 month for the perishable goods, and 3 months for all other consignments. Re-inspection for whatever reason will be for the account of the exporter. Our activity is performed in accordance with the IFIA Code of Practice for Government mandated PSI activities. Information is available on your request. In case of several shipments, please ask for other forms or copy this Request For Inspection for the next shipment(s). After inspection, please supply us with your final documentation (Final invoice, shipping document if requested). Please note that after the 3rd reminder to the RFI and no reply from your part, your file will be put on hold. If you want to reactivate it, you should contact our office whose details are shown in the upper left side of the RFI.

INSPECTION

EXPORTER'S DECLARATION

10 Name and address of Manufacturer :

Contact name :

Teleph. : Telefax :

17 We declare these goods to be of origin (attached list for more than 1 origin)

18 We, the undersigned, declare that a commission has been granted to : (Name/address/P.O. Box/In the country of importation)

calculated on basis of : EX-WORK / FOB / CFR / CIF

11 Name and full address of place of inspection :

Person to contact :

Teleph. : Telefax :

12 Foreseen date of inspection :

13 Delivery : Total : Partial :

14 Number of foreseen shipments :

15 Container : FCL Consolidated

18 Place where the container will be stuffed :

% : amounting to :

19 PRICE BREAKDOWN Currency :

- EX-WORKS
Packing
Cost of FOB
Total FOB
Insurance
Ancillary charges
Freight

TOTAL : FOB / CFR / CIF :

21 Stamp and signature of exporter :

Name :

Date :

20 FOR BUREAU VERITAS USE ONLY

INSPECTION RESULT :

PRICE VERIFICATION :

SATISFACTORY : Yes No : Date : Sign.