|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.