



MINISTRY OF FINANCE

Energy Policy Coordination Division CBS Building Level 3 Tel: 34333

SAMOA ENERGY EFFICIENCY ACT 2017 **Energy Efficiency (Approved Energy Using Products Standards) Regulations 2018** **Form BC. Application to Register in Samoa **refrigerators and freezers** not** **registered in Australia, New Zealand or Fiji**

All applicants must complete Sections 1, 2, 3, and if applicable, Section 4. You must provide answers for all items marked *.

SECTION 1. APPLICANT DETAILS

Mr/Mrs/Ms. _____	_____	_____
Last Name	First Name	Other Names
Company name : _____ (if applicant acting for a company)	Designation: _____ (if applicant acting for a company)	Address: _____
Company Website _____ (if acting for a company)	Business License No: _____	Tel: _____ (or a phone where you can be reached)
Mobile: _____ (if different from above)	Email: _____	Fax: _____

SECTION 2. DETAILS OF PRODUCTS TO BE REGISTERED

Product code (refer to Table 1 at end of form)	
Brand name to be used in Samoa	
Model number to be used in Samoa	
Q1. Is the product <u>technically identical</u> to another model registered in Australia, New Zealand or Fiji under a different brand name or model number? (Yes/no) – If YES, state <u>which country</u> , attach letter of proof from manufacturer and answer (i), (ii), (iii) If NO, go to Q2.	
i. Brand name used in country stated in Q1.	
ii. Model number used in country listed in Q1	
iii. Registration number in country stated in Q1.	
Q2. If answer to Q1 was NO, please attach test laboratory report of applicable AS/NZS 4774.1 test.	

SECTION 3. DECLARATION BY APPLICANT

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signature

Date

SECTION 4. SHIPPING AND ADDITIONAL INFORMATION

(For this Section, provide documentation to verify responses)

If goods not yet here, expected date of arrival			
If goods already here, date the goods landed			
Name of shipping agent			
Shipping agent address and contact details			
Port of loading			
Port of discharge			
Which of the following describes how you will use the product/s you are applying for (tick one box only):			
To use at home	<input type="checkbox"/>	To use in a school, church, hospital or similar	<input type="checkbox"/>
		To sell (retail or wholesale)	<input type="checkbox"/>
		To use in a hotel, shop or business	<input type="checkbox"/>

Table 1 – Product codes for refrigerators and freezers

Product Code (for Question 15)	Description
A	Refrigerator only, without a freezer
B	Refrigerator with freezer
C	Freezer only, chest type (door on top)
D	Freezer only, upright type (door on front)

FOR OFFICE USE ONLY

Record ID: _____ Date received _____

Date further information requested (if any) _____

Date received further information received _____

For Category B, is letter from manufacturer attached and valid? (Yes/No)

For Category C, is laboratory test report attached and valid? (Yes/no)

Date Registration Certificate completed _____

Date applicant advised that certificate is ready _____ How advised? _____

Date Registration Certificate issued to applicant _____ How issued? _____

Serial number of Registration Certificate _____ (Copy of certificate must be attached)

Samoa Registration Number _____

Date of expiry (latest of model expiry dates listed on certificate) _____

Remarks _____

Name and title of person receiving application: _____

Name and title of authorized person approving Registration Certificate (CEO or Delegate)

Signature of authorized person approving Registration Certificate

Date model registration details made public: _____ How made public? _____

Date PAD account was created for Applicant _____

Account Name: _____ Initial Password: _____

Date Applicant advised of PAD account name & password: _____ How advised? _____