



**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 D. Application for a Letter of Confirmation for **refrigerators and freezers****

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	
Model number	
Quantity	
Is this model registered in Samoa? If YES, please write in the Samoa Registration Number. if NO, go to (i)	

**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

Serial number of application for LOC: \_\_\_\_\_

Date Form D received \_\_\_\_\_

Date further information requested (if any) \_\_\_\_\_

Date received further information received \_\_\_\_\_

If application is for confirmation of registration, date that registration was checked \_\_\_\_\_

If application is for products ordered before 21 December 2017, are documents attached? (Yes/No) \_\_\_\_\_

Do documents prove date of order? (Yes/No) What was date of order? \_\_\_\_\_

Date LOC completed \_\_\_\_\_ Serial No. of LOC \_\_\_\_\_

Date applicant advised that LOC is ready \_\_\_\_\_ How advised? \_\_\_\_\_

Date LOC issued to applicant \_\_\_\_\_ How issued? \_\_\_\_\_

Remarks \_\_\_\_\_

Name and title of person receiving application: \_\_\_\_\_

\_\_\_\_\_

Name and title of authorized person approving LOC

\_\_\_\_\_

Signature of authorized person approving LOC

Date PAD account was created for Applicant \_\_\_\_\_

Account Name: \_\_\_\_\_ Initial Password: \_\_\_\_\_

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