

INDIAN INSTITUTE OF PACKAGING, MUMBAI  
**Forms / Formats, Issue-1, Rev. 4, dated 13-05-08**

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**Title: Information required for testing of packages  
Under UN code**

**FF-36  
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1. Name of the Manufacturer of packagings :
2. Address of the manufacturer of packagings :
3. Details of the packagings as given in Table 6-2 of chapter-1 of Part-6 of the technical Instructions. :
4. Number of packages to be manufactured within the validity period of the certificate (6 months/one year) :
5. Name & Address of the Shipper/s :
6. Proper shipping name of Dangerous Goods to be exported (applicable only to general categories) :
7. UN number, Packaging Group and Packaging instruction as given in the Technical Instructions. :
8. Density of the product ( g/cm<sup>3</sup> ) (applicable to liquid products) :
9. Bulk Density of the product (cc/g) (applicable to solid products) :
10. Gross weight of the package (kg) :
11. Vapour pressure at 55°C in kpa (applicable only for liquids) :
12. Letter stating the compatibility of the Dangerous Goods with the packaging material :

**INDIAN INSTITUTE OF PACKAGING MUMBAI**  
**Forms / Formats, Issue-1, Rev. 3, date 13-05-08**

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- 13. Description of the package :
- 14. Manufacturing date for packages :
- 15. Quantity packages per lot :
- 16. Batch no. Of packages
- 17. Details of previous certificate(s) if any :
- 18. Mode of transportation to be used :  
By Sea / By Air

**I / we present herewith the design and drawing of the above package and one sample for prototype testing. On approval of the same, I / we undertake to supply the required numbers of samples drawn at random.**

**I / we also arrange to pay the fees for such tests and certification as per the schedule of fees specified by Indian Institute of Packaging.**

**I / we undertake to maintain the quality of the packaging and I am / we are aware that the directorate general of shipping has the full authority to withdraw the approval granted in case the quality is not maintained.**

**I/ We undertake to maintain the quality of the packaging and I am / We are aware that The Indian Institute of Packaging has full authority to withdraw the certification granted in case the quality as submitted for certification is not maintained. In case any problem occurs during transportation/ distribution under normal conditions due to failure of certified packages, I/We shall be liable to bear all costs arising out of the failure.**

**Date:**

**Signature of the manufacturer  
or his authorised representative.**

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**Note: where the name(s) & address(es) of the shipper (s) is / are not known, the manufacturer(s) should intimate the same to the Indian Institute of packaging on delivery of the packages to such shipper (s).**

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INDIAN INSTITUTE OF PACKAGING MUMBAI  
Forms / Formats, Issue-1, Rev. 3, date 29-11-2003

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Title : Customer service request form  
/ Contact reviews

Form / Format No. : FF - 04  
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Customer Service Request Form

1. Customer Name / Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Tele / Fax / E-mail : \_\_\_\_\_
2. Sample Details : \_\_\_\_\_  
(Size / Type / Class, etc.) : \_\_\_\_\_
3. Test to be done : \_\_\_\_\_
4. Applicable Standard, If any : \_\_\_\_\_  
(Other than National /  
International Standard ) \_\_\_\_\_
5. Mode of Payment of Test Fee : \_\_\_\_\_  
(By DD / Cheque / Cash ) : \_\_\_\_\_
6. Special Instruction (if any ) : \_\_\_\_\_

Date : \_\_\_\_\_

(Client's Representative)

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For Office Use Only.

1. Job Accepted on : \_\_\_\_\_
2. Job Allocated to : \_\_\_\_\_
3. Report No. : \_\_\_\_\_

Lab – In – Charge :

Date : \_\_\_\_\_

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PLEASE NOTE.

1. Test samples will be retained for 30 days after the completion of the test.
2. The samples are tested as per the request of party /customer only, not for any litigation and publicity.

INDIAN INSTITUTE OF PACKAGING, MUMBAI.  
Forms / Formats, Issue-1, Rev.3 date 28-2-05

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**Title: Customer feedback form**

**Form / Format No.: FF-10**  
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**Customer Name/Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Test Report No.:** - \_\_\_\_\_

**Dated :** \_\_\_\_\_

<b>Comments</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
<b>Promptness in finalisation of the job</b>				
<b>Presentation of the Test report</b>				
<b>Testing charge (any comments)</b>				
<b>Additional Comments, if any</b>				

**Date :** \_\_\_\_\_

**Place:** \_\_\_\_\_

**(Customer's Signature)**

**INDIAN INSTITUTE OF PACKAGING, MUMBAI**  
**Forms / Formats, Issue-1, Rev. 0, date 29-09-2011**

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Title: Registration Form for UN Certification

Form / Format No. FF-36-A

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**REGISTRATION FORM**

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**GENERAL DETAILS**

1. Name of the Company / Organisation : \_\_\_\_\_  
(Packaging Material Manufacturer) \_\_\_\_\_  
\_\_\_\_\_
2. Are you Life Member / Ordinary Member / : \_\_\_\_\_  
Non-Member (If you are member of IIP \_\_\_\_\_  
please mention Membership ID) \_\_\_\_\_
3. Address of the Company : \_\_\_\_\_  
\_\_\_\_\_
4. Name of the Technical Person : \_\_\_\_\_  
(With Designation)
5. Name of the Account Person : \_\_\_\_\_  
(With Designation)
6. Mobile No. : \_\_\_\_\_
7. Telephone No. : \_\_\_\_\_
8. Fax No. : \_\_\_\_\_
9. E-mail address : \_\_\_\_\_
10. Weekly Off/Working Hours : \_\_\_\_\_
11. Type of Unit : \_\_\_\_\_  
(Govt./Public Sector/Ltd./Pvt. Ltd./ \_\_\_\_\_  
Small Scale, etc.) \_\_\_\_\_  
(Please specify and attach Xerox copy)
12. Which Type of Packaging Material : \_\_\_\_\_  
Manufacturer (Please specify & attached \_\_\_\_\_  
Brochure, etc.)
13. Product Range : \_\_\_\_\_

**INDIAN INSTITUTE OF PACKAGING, MUMBAI**

**IF SITE TESTING REQUIRED IN YOUR FACTORY (YES / NO)**

**REQUIREMENT OF INSTRUMENT FOR SITE TESTING**

- a) Measuring Scale / Tape (0 to 3000 meter) : \_\_\_\_\_
- b) Venire Caliper (0.05 to 15cm) : \_\_\_\_\_
- c) Electronic Balance (0 to 300kg.) : \_\_\_\_\_
- d) Air Pressure Leakage Test (Upto 100 Kpa) (For Narrow Mouth) : \_\_\_\_\_
- e) Hydraulic Pressure Test (0 to 300 Kpa) (For Narrow Mouth) : \_\_\_\_\_
- f) Drop Test (Chain Pulley upto 3mtr. Height with metal plate / concrete plate) : \_\_\_\_\_
- g) Stack Load Area : \_\_\_\_\_
- h) Any other equipment, if required : \_\_\_\_\_

I / we under take to maintain the testing facility in our factory along with calibration status and at the time of testing full technical support and involvement of technical person. We also understand if IIP technical personal observes above technical facility is not in a condition on that basis Indian Institute of Packaging authority may withdraw or discontinue site testing till you provide or develop well equipped testing facility.

SIGNATURE OF THE APPLICANT

Name & Designation  
Company Seal

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

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**INDIAN INSTITUTE OF PACKAGING**

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**COMMERCIAL DETAILS**  
**(Please attached photo copy - self attested)**

- a) Excise Registration No. : \_\_\_\_\_
- b) Service Tax Registration No. : \_\_\_\_\_
- c) Sale Tax Registration No. (S.T. No.) : \_\_\_\_\_
- d) C.S.T. No. : \_\_\_\_\_
- e) PAN No. : \_\_\_\_\_

**\*Major Customer List (If Any):**

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**SIGNATURE OF THE APPLICANT**

**Name & Designation  
Company Seal**

**Place** : \_\_\_\_\_

**Date** : \_\_\_\_\_

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**INDIAN INSTITUTE OF PACKAGING**

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**FOR OFFICE USE ONLY**

1. Remark – Asst. Director / Dy. Director  
& Signature : \_\_\_\_\_

2. Remark – In-Charge Labs.  
& Signature : \_\_\_\_\_

3. Allotted Company Code for Sea Shipment : u  
n

4. Allotted Company Code for Air Shipment : u  
n

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