**AF02: Verification Request Information**

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| [ ]  ALA member | Membership No:  | [ ]  Non-member  |
| **COMPANY DETAILS** |
| Title: | [ ]  Dr. [ ]  Mr. [ ]  Mrs. [ ]  Ms. | Contact: | Provided |
| Business Name: Provided(If applicable)  | Address: |  |
| Suburb: |  |
| ABN/CAN(If applicable) |  | State/Country: |  | Postcode/Zip/Area code: |  |
| Website:(If applicable) |  | Email: |  |
| Business Phone: |  | Mobile Phone: |  |
| **ISSUE TO BE VERIFIED** |
| **Tick the applicable box to indicate the issue** *Check all boxes that apply* |
| [ ]  Additive [ ]  Base oil [ ]  Product [ ]  Label [ ]  Marketing information [ ]  Product Data Sheet[ ]  Safety Data Sheet [ ]  Other (please specify) |
| **Manufacturer/Reseller/Importer information: Provided** |
| **Product name & batch number:**  |
| **Specification:** |
| **Where was product sourced/purchased?** |
| **Describe the issue:** |
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| **List the supporting information/documents and attach this supporting information to this report:***(e.g. Laboratory Analysis Report, Product Data Sheet, Photo of Label, Marketing Information etc.)* |
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