**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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