



SERVICE REQUEST FORM

NATIONAL FOOD TECHNOLOGY RESEARCH CENTRE

SERVICE REQUEST FORM

Any information recorded on this form is considered confidential between NFTRC and the customer and will only be used by NFTRC to produce a quotation that best meets customer requirements. NFTRC will contact you with a quotation or for further information within 5 working days of receipt of this request. Note that samples cannot be received by NFTRC unless accompanied with a signed acceptance of the quotation and matching proof of payment or purchase order. Completed forms should be forwarded to the NFTRC Customer Service Office (Plot 1840, Mpuutsane Industrial Area, Kanye) or sent to email: mail@naftec.org, fax: 5440713 or postal address: Private Bag 008, Kanye, Botswana.

1. Customer details

Name: Date:

Organisation:

Address:

Phone: Mobile: Fax:

Email:

2. Service(s) required

- Nutritional Analysis (for labelling) Product Development
- Shelf-life Analysis (for expiry date) Process Validation (troubleshooting)
- Safety Analysis Sensory Evaluation
- Advocacy/Public Relations (specify):
- Consultancy (specify):
- Training (specify):
- Other (give details):



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3. Product details (if applicable)

Indicate the number of different products you require to be tested:

Provide the name, storage conditions (room temperature, refrigerated etc.) and ingredients list for each product below (list in order of decreasing mass, as required for labeling according to the Botswana Food Control Act):

<u>Product name</u>	<u>Storage conditions</u>	<u>Ingredients list</u>

Briefly outline the recipe/preparation process for each product in the space below:

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<u>Product name</u>	<u>Process outline</u>



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4. **Laboratory tests required** (if applicable)

Please provide a list of specific tests required (if known) for each product in the space below:

<u>Product name</u>	<u>Tests required</u>

Please list any additional information that will enable us to provide a suitable quotation:

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NFTRC staff to fill this area

Form receipt: CSO Name: Signature: Date:

Note: If form is to be forwarded to more than one department, make copies to enable separate filing

Forwarded for action to: Name: Signature: Date:

Action taken: Quotation sent: Yes-Quotation number:
 No-Details of alternate action:

Customer notified by: email phone fax mail other (detail).....

Officer name : Signature: Date: