

INDUSTRIAL METROLOGY DEPARTMENT

Note 1:

Extra information may be provided on supplementary sheets. The scanned copy of this completed request should be sent to the email address industrialmetrology@gsa.gov.gh Alternatively, the request may be sent in person to the Secretariat, Industrial Metrology Department, Ghana Standards Authority, Accra. In regions other than Greater Accra, the request may be sent to the Regional Office of the Ghana Standards Authority.

SECTION A

		Date:	
CUSTOMER REQUES	T FOR CALIBR	ATION/ VERIFIC	CATION
Name of company/ establishment:			
Tax Identification Number-TIN:			
Digital address (Ghana Post):			
Physical location of company/establish	nment:		
	• • • • • • • • • • • • • • • • • • • •		
Postal address:	• • • • • • • • • • • • • • • • • • • •		
Email address:			
Phone number(s):			
PLACE OF CALIBRATION/ VERIFI	CATION OF EQ	UIPMENT (tick as	appropriate):
Company's premises:			
GSA Premises:			
URGENCY CLASS:		_	
Urgent (work to be completed within 5	days)	ш	
Normal (work to be completed within	7 days)		
To be advised			
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1.0 EQUIPMENT DETAILS (completed by customer)

SN	EQUIPMENT	BRAND/MODEL	CODES (SERIAL NO.,)	CAPACITY & RANGE	QUAN- TITY	SPECI-FIC LOCA- TION IN ESTABLISH MENT	
Service required: Tick ($$) against a) Initial Calibration b) Initial Verification c) Pattern Approval							
d) Su	bsequent Calibration	e) Su	ıbsequent Verification	1			
Other	r:				•••••		
2.0. Attachment (initial request only-Tick if attached):							
Copy of Business Registration Licence							
Signature							
	N	Jame					
Designation							
	Phone Number						
	For and on behalf of						

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GHANA STANDARDS AUTHORITY

INDUSTRIAL METROLOGY DEPARTMENT

3.0. GUIDANCE FOR PAYMENT

3.1 CHEQUE AND CASH PAYMENTS

Account Details

Bank: Zenith Bank

Account Name: Ghana Standards Authority, Head Office

Account Number: **6010185122**

Note 2: Client should notify GSA, Industrial Metrology Department with the payment receipt/slip either

in person or at the email address: industrialmetrology@gsa.gov.gh

Note 3: This Zenith Bank account is for cheque and cash payments only. Only **receipts/slips** generated by **Zenith Bank are acceptable.**

Note 4: Payment may be made at the Zenith Pay Point within the GSA premises or at any branch of Zenith Bank.

3.2 DIRECT TRANSFER PAYMENTS

Account Details

Account Name: Ghana Standards Authority Account Number: **1018631385044**

Bank: Bank Of Ghana

Address: P. O. Box 2674, Accra-Ghana, Location: High Street

Swift Code: BAGHGHAC

TIN: C0004705963

Note 5: Clients should inform their banks to ensure they receive the **SWIFT ADVICE** as proof of payment. Client should notify GSA, Industrial Metrology Department with a copy of the **SWIFT**

ADVICE, either in person or at the email address: industrialmetrology@gsa.gov.gh

3.3 MOBILE MONEY:

Merchant Name: Ghana Standards Authority

Merchant ID: 039262

The reference that appears should have the **invoice number** and **name of payee**.

Call **0201338377** for confirmation of payment.

Steps to follow when paying via MTN Momo account

- a. Dial *170#
- b. Select 2 Momo Pay and Bills
- c. Select 1 Momo Pay
- d. Merchant Name: Ghana Standards Authority
- e. Merchant ID: 039262

Note 7: Client should notify GSA, Industrial Metrology Department with the payment reference text message either in person or at the email address: industrialmetrology@gsa.gov.gh

Note 8: Under circumstances where information provided on equipment is inadequate, an invoice will be issued after inspection of the equipment by the GSA officer. A remote inspection of the equipment may be arranged for purposes of determination of fees only.

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SECTION B

FOR OFFICIAL USE ONLY

4.0 REVIEW OF REQUEST

4.1. EQUIPMENT DETAILS (completed by GSA schedule officer)

SN	LAB NUMBER	EQUIPMENT	BRAND/MODEL	CODES (SERIAL NO.,)	CAPACITY & RANGE	QUAN- TITY	FEES
				·			
Service required: Tick (√) against a) Calibration b) Verification c) Pattern Approval Other:							
4.2 Details of payment:							
Invoice Number							
Receipt Number/or Swift Code							
Declined request (reason):							
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4.3 Customer registration number GSA-IMD 4.3.1 Type of Request: Initial Subsequent Re-verification/ Re-calibration 4.4 Schedule Officer reviewing request: Signature: Date: Name: Date: Name: Date: Name: Date: Name: Date: Name: Date: Signature: Date: Name: Date: Signature: Date: Name: Date: Date: