

TOP QUALITY MARK REGISTRATION FORM

Complete the registration form and fax to +1-604-278-0970 or e-mail to henryzhu@ccicca.com

Company Name: _____

Contact Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

PRODUCT INFORMATION

Are your company or manufacturer registered with a Quality System ISO?

☐ Yes (Quality System ISO: _____) ☐ No

Have you already sold the products in the domestic market?

☐ Yes (Name of Sales Network : _____) ☐ No

Have you already exported the products overseas?

☐ Yes ☐ No

(Name of Products & Importing Countries: _____)

(Trade Method: ☐ General Trading ☐ E-Commerce)

Have your products been tested by a 3rd party lab?

☐ Yes ☐ No

Whether Testing Reports can be provided: ☐ Yes ☐ No

Have your products gained any reward or certification?

☐ Yes ☐ No

Whether Reward Certificate or Certification documents can be provided: ☐ Yes ☐ No

*Please attach proof materials when submitting this document.