

Claim No.:
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OMIC INSPECTION AND SURVEYING COMPANY LIMITED

COMPLAINT NOTIFICATION FORM / RECORD OF COMPLAINT RECEIPT

CUSTOMER CONTACT DETAILS	Company Name: Address: Phone: E-mail address:
AGREEMENT DETAILS	Job Received Date: Commodity: Quantity: Please of Inspection: Other: Proof of agreement conclusion / proof of purchase enclosed by Customer:..... Type of Service: <input type="checkbox"/> Inspection <input type="checkbox"/> Certification <input type="checkbox"/> Fumigation <input type="checkbox"/> Laboratory <input type="checkbox"/> Marine <input type="checkbox"/> Other Scope of Service: <input type="checkbox"/> Weighing (10%, 30%, 100 %) <input type="checkbox"/> Quality (Standard , Finding) <input type="checkbox"/> Quantity (100 % Tallying) <input type="checkbox"/> Weight and Quality <input type="checkbox"/> Fumigation <input type="checkbox"/> Packing List <input type="checkbox"/> Fumigant (CH ₃ Br, PH ₃) <input type="checkbox"/> Fumigant Dosage <input type="checkbox"/> Other <input type="checkbox"/> Physical Analysis <input type="checkbox"/> Chemical Analysis <input type="checkbox"/> Other <input type="checkbox"/> Insurance <input type="checkbox"/> Marine Survey <input type="checkbox"/> Other
REASON FOR COMPLAINT	Description of non-conformity of: When and under what circumstances was the non-conformity:
CUSTOMER CLAIM	CUSTOMER CLAIM:

For information on how your complaint has been resolved, send an e-mail to omic@ytp.com.mm, omicmyanmar@gmail.com.

Response and reporting by mail with the claim number together with relevant photos/documents/report after reviewed customer claim.

Customer signature:

RESPONSE	How was the complaint resolved:
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