

**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](mailto: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 REQUEST FOR CALIBRATION/ VERIFICATION**

Name of company/ establishment: .....

.....

Tax Identification Number-TIN: .....

Digital address (*Ghana Post*): .....

Physical location of company/establishment: .....

.....

Postal address: .....

Email address: .....

Phone number(s):.....

PLACE OF CALIBRATION/ VERIFICATION OF EQUIPMENT (tick as appropriate):

Company's premises:

GSA Premises:

URGENCY CLASS:

Urgent (work to be completed within 5 days)

Normal (work to be completed within 7 days)

To be advised



**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** or **stephanie.famiyeh-addo@gsa.gov.gh (0542523303)**.

**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, Head office, Accra 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: BAGHGHACXXX

TIN: C0004705963

**Note 5:** Clients should inform their banks to ensure they receive the **SWIFT IDENTIFICATION** as proof of payment. Client should notify GSA, Industrial Metrology Department with a copy of the **SWIFT IDENTIFICATION**, either in person or at the email address: **industrialmetrology@gsa.gov.gh** or **stephanie.famiyeh-addo@gsa.gov.gh (0542523303)**.

**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** or **stephanie.famiyeh-addo@gsa.gov.gh (0542523303)**.

**Note 8:** Payment should be made within three (3) days of receiving the invoice. 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.

**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	QUANTITY	FEEES

**Service required:** Tick (✓) against

a) Calibration       b) Verification       c) Pattern Approval

Other:.....

**4.2 Details of payment:**

Invoice Number.....Amount.....Date.....

Receipt Number/or Swift Code .....Amount.....Date .....

Declined request (reason):..... Advice to customer: .....

**4.3 Customer registration number**

GSA-IMD-R- .....

**4.3.1 Type of Request:**

Initial

Subsequent

Re-verification/  
Re-calibration

**4.4 Schedule Officer reviewing request:**

Signature:..... Date:.....

Name: .....

**4.5 Administrative Officer receiving request:**

Signature:..... Date:.....

Name: .....

**4.6 Head, Industrial Metrology Department:**

Comment: .....

Signature:..... Date:.....