

CUSTOMER REQUEST FORM

Date of Request	27/02/2026	Request ID	ENQ0009
Company Name	Global Gourmet		
Address			
Contact No.	9537308444	Fax No.	+91 265 2630010
Email	Parvez@globalgourmet.in	Contact Person	Parvez Sindhi
Designation & Department	Manager	Shipping Agency & Airway Bill No.	

Scope Of Contract

#	Sample Name	Batch No/ID	Test Method	Test Parameter	Specification (if any)	Size/Unit	No. Of Samples	Remarks
1	Frozen French Beans	U1D06L825068	ISO 11290-1:2017	listeria monocytogens	-	/25g	250g	ok
2	Frozen French Beans	U1D06L825068	ISO 11290-1:2017	listeria SPP	-	/25g	250g	ok

NOTE:
 • Samples of Fresh Perishable, Refrigerated or ready-to-eat food shall be transported in a thermocol box with dry ice at temp between 1°C - 4°C. • Prior intimation should be given for sending the samples back. Samples will be tested as per the test method/standard and conditions specified by the customer.

Customer Name: Global Gourmet

Customer Signature:

NOTE : PLEASE USE ADDITIONAL NUMBERS / SHEETS IF REQUIRED.

For Laboratory Use

Received By:

Sign & Date: