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| 蓝牙 列名申请表 / Bluetooth Listing Application Form | | | | | | | | | |
| **1.** **Product General Information**  *(Note that fields 1 are required for* ***Product Listing*** *and that fields marked with an asterisk (\*) are* **necessary**.*)* | | | | | | | | | |
| **1.1 Applicant Information\*** | | | | | | | | | |
| Company Name\* |  | | | | | | | | |
| Address\* |  | | | | | | | | |
| Contact\* | Name\* |  | | | | | Telephone\* |  | |
| E-mail\* |  | | | | | | | |
| **1.2 Product Information\*** | | | | | | | | | |
| Design / Product Name\*  (Including Trademark) |  | | Model Name\*  **Invalid characters: \ / \* = & ( ) @ # : , ; " '<>** | | | | | |  |
| Brand Name\* |  | | Product Website | | | | | |  |
| Product Brief Description**\*** |  | | | | | | | | |
| Category | Audio and Visual Automotive Gaming Handheld Headset  Home Environment Input Devices Medical Phone Mobile Phone Accessory Office Equipment Personal Computer Unique Products  Software | | | | | | | | |
| **1.3 Listing Reference Information\*** | | | | | | | | | |
| SIG Member Class | Adopter  Associate  Promoter  Not yet (Refer field 2) | | | | | | | | |
| User ID\* |  | | User Key\* | | | | |  | |
| Available Declaration ID\* | Any available DID | | | | Specified DID | | | | Not yet (Refer field 2) |
| Listing Reference\* | **Your own company’s QDID** | | | | | | | | |
| Referenced QDID\* | | |  | | | | | |
| **Another member’s QDID** | | | | | | | | |
| Referenced QDID\* | | |  | | | | | |
| **2. Service Requirement** | | | | | | | | | |
| SIG Membership Registration | Not Required | | | Require Adopter | | | | Require Associate | |
| Declaration ID Apply | Not Required | | | | | | | | |
|  | BALUN Apply Invoice & Payment. (BALUN 申请发票并代付款) | | | | | | | | |
|  | BALUN Apply Invoice & Paid by Client (BALUN 申请发票客户支付) | | | | | | | | |
| **3. Customer Confirmation** | | | | | | | | | |
| Type of Service | Regular/常规 | | | | | Express/加急[30% charge in additional] | | | |
|  | Immediate/特急 [100% charge in additional] | | | | | | | | |
| Print name: | Signature: | | | | | Date: | | Remark: | |