|  |  |  |
| --- | --- | --- |
| **General data (as registered by the Chamber of commerce)** | | |
| Company name |  | |
| Contact person | Mr. / Mrs. / Ms. | |
| Function |  | |
| E-mail |  | |
| Address |  | |
| Zip code and city |  | |
| Mailing address (if different from above) |  |  |
| Telephone / Fax |  |  |
| Company e-mail |  | |
| Website |  | |
| Chamber of commerce no. |  | |
| VAT no. |  | |
| External consultant | None  Company……………………… Name consultant……………………………… | | |
| How do you know Kiwa? | Website  Social media etc.  Consultant  Other: …………………... | | |

|  |  |  |
| --- | --- | --- |
| **Specific product information** | | |
| Initial certification | Extension | Take over |
| Other: | Recertification (end date certificate) : | |
|  | | |
|  |  | |  |
| **Other** | | |
| Please forward, if possible, your product drawing or catalogue.  Please inform us in the case the above address isn’t the production location. | | |

|  |  |
| --- | --- |
| **Planning** | |
| In which period would you like the audit to take place? |  |

Please send this form to [NL.Support.AI@kiwa.com](mailto:NL.Support.AI@kiwa.com). After receipt we will contact you as soon as possible.

To be completed by Kiwa:

Date Signature:

Name: