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| **General data of applicant (conform Chamber of commerce)** |
| Contact person | Mr. / Mrs. / Ms.  |
| Function |  |
| E-mail |  |
| Name organisation |  |
| Kiwa Customer nr.(if known) |  |
| Following information only needed if no Kiwa customer nr. is available. |
| Address |  |
| Zip code and city |  |
| Country |  |
| Mailing address (if different) |  |
| Telephone / Fax |  |  |
| Website |  |
| Chamber of commerce nr. |  |
| VAT nr. |  |

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| **Specific product information** |
| **Desired certification according to scheme** |
| [ ]  KOMO (rookafvoervoorzieningen), BRL 5102 |
| Type of certification: |
| [ ]  Initial certification | [ ]  Extension | [ ]  Modification |
| [ ]  Recertification (end date certificate) :  | [ ]  Other: |
|  |  |  |

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| **Surveillance information**  |
| Surveillance by Kiwa (mandatory) | Yes (A separate application form for surveillance will be sent) |
| If applicable, existing Kiwa contract nr. |  |

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| **Planning** |
| In which period would you like the initial testing to take place, if applicable?  |  |
| In which period would you like the certification to take place? |  |

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| **Additional product information to make an quotation** |
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Please send this form to name Kiwa contact person, (address, e-mail address) by mail or e-mail. After receipt we will contact you as soon as possible.