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| **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: …………………... |

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| **Specific product information** |
| [ ]  Initial certification | [ ]  Extension | [ ]  Take over |
| [ ]  Other:  | [ ]  Recertification (end date certificate) :  |
|  |
|  |  |  |
| **Other** |
| Please forward, if possible, your product drawing or catalogue. |

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

Please send this form to NL.Support.AI@kiwa.com. After receipt we will contact you as soon as possible.

To be completed by Kiwa:

Date Signature:

Name: