|  |
| --- |
| **Information confirm Business registration** |
| Company name |  |
| Contact | Sir./ Mrs.  |
| Function |  |
| E-mail |  |
| Address  |  |
| Zip code + town |  |
| Country |  |
| Telephone / Fax |  |  |
| E-mail  |  |
| Website |  |
| Registration number company (Chamber of Commerce) |  |
| BTW/VAT/TVA n° |  |

|  |
| --- |
| **Specific product information** |
| [ ]  Certification KOMO | [ ]  CE certification | [ ]  Extension | [ ]  Takeover |
| Guideline(s): | Standard(s):  |  |  |
|  |  |  |
| **Production locations** |
| How many production locations? |  |
| Address information production location(s)(when different from aforementioned address) |  |

|  |
| --- |
| **Products** |
| How many products do you want to certify? |  |

|  |
| --- |
| **Other certificates** |
| What other certificates do you have? |  |

|  |
| --- |
| **Planning** |
| When do you want to plan the initial audit? |  |

Send this form to Mr. Bas van Galen by email: bas.van.galen@kiwa.com