|  |  |  |
| --- | --- | --- |
| **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](mailto:bas.van.galen@kiwa.com)