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| --- |
| **General data (conform Chamber of commerce)** |
| Name organisation |  |
| Contact person | Mr. / Mrs. / Ms.  |
| Position |  |
| E-mail |  |
| Address |  |
| Zip code and city |  |
| Mailing address (if different) |  |
| Telephone / Fax |  |  |
| E-mail |  |
| Website |  |
| Chamber of commerce nr. |  |
| VAT nr. |  |
| External consultant |  [ ]  None [ ]  Organisation………………… Name consultant……………………………… |
| How do you know Kiwa? |  [ ]  Website [ ]  Social media etc. [ ]  Consultant [ ]  Other: …………………... |

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| --- |
| **Specific product information** |
| [ ]  Initial certification | [ ]  Expansion certification |
| [ ]  Other:  |
|  |  |  |
| **Other** |
| (You can specify here with what kind of profiles / or other items you want to start or expand your certification) |

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

Please send this form by mail or e-mail to Nicky van der Waal, nicky.van.der.waal@kiwa.nl or Postbus 70, 2280AB Rijswijk. After receipt we will contact you as soon as possible.

Fill out by Kiwa:

Date Paraph:

Name: