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| **General requirements** |
| Complete company name (accordance with the chamber of commerce) |       |
| Contact | Mr. / Mrs.       |
| Function |       |
| E-mail |       |
| Address |       |
| Zip code and location |        |
| Postal address (if different) |       |
| Telephone |       |
| E-mail |       |
| Website |       |
| Nr. Chamber of commerce |       (sent a copy of the chamber of commerce) |
| BTW/VAT/TVA n° |       |
| External adviser |  [ ]  None [ ]  Company :       Name adviser:       |
| Where do you know Kiwa of? |  [ ]  Website [ ]  Social media etc.[ ]  Consultant [ ]  Different:       |

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| **Specific product information** |
| [ ]  Initial certification | [ ]  Addition | [ ]  Taking over | [ ]  Type testing |
| [ ]  Partial inspection:  | [ ]  Recertification (end date certificate) :  | [ ]  Different:       |
| Certification schema: | SPC…….. |  |
| Product characteristics: |  |
| Production site(s) : |       |
| Remaining remarks: |       |

You can sent this form to:

railinfra.beb@kiwa.nl.

Upon receipt, we will contact you as soon as possible.