|  |  |
| --- | --- |
| **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: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.