

Application form KIWAGREEN



General data (conform Chamber of commerce)		
Name organisation		
Contact person	Mr. / Mrs. / Ms.	
E-mail		
Address		
Zip code and city		
Mailing address (if different)		
Telephone / Fax		
VAT nr.		
Applicant is	<input type="checkbox"/> manufacturer <input type="checkbox"/> importer <input type="checkbox"/> distributor <input type="checkbox"/> other, namely:	
Certified according to ISO 9001	<input type="checkbox"/> yes	<input type="checkbox"/> no

Specific product information for "fit for function" aspect:		
<input type="checkbox"/> Kiwa Covenant	<input type="checkbox"/> Kiwa BRL	<input type="checkbox"/> Recyclclass
<input type="checkbox"/> Flustix	<input type="checkbox"/> Recertification (end date Kiwagreen) :	<input type="checkbox"/> Other:

Information to make an offer			
Info needed	Answer (to be filled by applicant)		Evaluation (to be filled by Kiwa)
Do you already have a certificate issued by Kiwa?	<input type="checkbox"/> yes, Certificate no:	<input type="checkbox"/> no	
Description of the product/process:			
Does product, or process fall under an evaluation scheme with an existing harmonized norm, EAD or Kiwa BRL?			

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Is the product or process certified under the related (harmonized) norm, EAD or any other certification scheme?:	<input type="checkbox"/> yes, Certificate no: Given by:	<input type="checkbox"/> no	
Claim:			
Technical expertise needed:			
Name of your technical expert			
KCC decision:	To be filled in by KCC secretary after evaluation by KCC committee		

Planning	
In which period would you like to launch your product?	

Please send this form to **name Kiwa contact person, (address, e-mail)** by mail or e-mail. After receipt we will contact you as soon as possible. You can also send it to NL.Castor@kiwa.com

Fill out by Kiwa:

Accepted by Kiwa: (yy-mm-dd):

Accepted by (name Kiwa employee):

Paraph: