

AUKM Application Form				
Date:			=	
Company Name:		Number of Staff		
Correspondence Address:			•	
Telephone Number:		Fax Number:		
Contact Name:		Contact Position:		
E-mail:		VAT Number:		
Mobile No:		Company Number		
	rief description of operations and act e document if more convenient)	ivities including a complete	e list of feed materials	
Number of Sites to be incl	uded within the certification	(Please list sites and site a	activities on page 2)	
Existing Approvals – Plea	se list current approvals and the Aud	lit Bodies that you use:		
and Conditions.	u are continuing to agree to the acce			
t is a requirement that any ommediately e.g. Change of ownership, name	changes that may affect your original change etc.	quotation are communicat	ted to us	
By completing, signing an above and of the Scheme	d returning this application form y Rules.	ou are confirming accep	tance of the	
We expect you to be famil	iar with the relevant Standards (w	ww.assuredukmalt.com)		
expect to be ready for my A	Assessment during	(month/year)		
Signed	Position		_ Date	
Does your organisation have	e a Modern Slavery Policy in place Y	/N		
Does your organisation have	e a Anti Bribery Policy in place Y/N			

Reasons for choosing/remaining with Kiwa Agri Food (please circle) Marketing, Referral, Quality, Speed, Price, Customer Demand, Google Search

Please return to;-

Kiwa Agri Food, The Inspire, Hornbeam Square West, Harrogate, North Yorkshire. HG2 8PA

Tel: 01423 878878 Email: <u>feed@kiwa.co.uk</u>

Site Address	Activities	
Office Use Only:		
Cufficient leformation are vided and elevitication	availet frame alient if mat	
Sufficient Information provided and clarification sought from client if not		
Scope of certification defined and confirmed as		
Means available to perform evaluation and certific		
Means available to perform evaluation and certification activities Audit duration confirmed to be		
Addit daration committed to be		
Signed	Date	
Signed		