|  |  |  |
| --- | --- | --- |
| **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: …………………... | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specific product information** | | | | |
| Initial certification | Extension | | Take over | Type testing |
| Other: | Recertification  (end date certificate) : | | Other: | |
| Description application: see enclosed annex C (will be part of the quotation) | | | | |
|  | |  | | |  |
| **Other** | | | | |
| Specification of raw materials  Test reports if available | | | | |

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

Please send this form to Mr. Hans den Boer, email: [hans.den.boer@kiwa.com](mailto:hans.den.boer@kiwa.com). After receipt we will contact you as soon as possible.

**General**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application for: | | Desired Kiwa approval: | |  | | | | |
|  | | BRL K17104 epoxy drinking water (Kiwa)  BRL K17605 polyester drinking water (Kiwa)  52204 Polyester (KOMO) | | | |  | | | |
| Commercial name: …………. | |  | | | |  | | | |
|  | |  | | |  | | |
|  | |  |  | | | |
| Certificate in: | | Dutch | English | | | |
| Official correspondence in: | | Dutch | English | | | |
|  |  | | | | | |
|  | | | | | | |

Certificate holder (if different from producer): …………………