

# Application form Covenant



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		
<input type="checkbox"/> Covenant	<input type="checkbox"/> Expansion of existing covenant	<input type="checkbox"/> Other:

Information to fill in by the customer	
<b>Description of the product/process:</b>	
<b>Product or process:</b>	
<b>Claim:</b>	
<b>Name of your technical expert:</b>	

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 [castor@kiwa.nl](mailto:castor@kiwa.nl)



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To be filled in by Kiwa	
<b>New customer:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Product, or process is not in conflict with existing BRL:</b>	
<b>Technical expertise needed:</b>	
<b>Offer amount:</b>	Initial audit: € Yearly: €
<b>Approval Unit Manager:</b>	
<b>KCC decision:</b>	To be filled in by KCC secretary after evaluation by KCC committee

Fill out by Kiwa:

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

Accepted by (name Kiwa employee):

Paraph:

