|  |  |  |
| --- | --- | --- |
| **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 | Expansion certification | |
| Other: | | |
|  | |  |  |
| **Other** | | |
| (You can specify here with what kind of profiles / or other items you want to start or expand your certification) | | |

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

Please send this form by mail or e-mail to Nicky van der Waal, [nicky.van.der.waal@kiwa.nl](mailto:nicky.van.der.waal@kiwa.nl) or Postbus 70, 2280AB Rijswijk. After receipt we will contact you as soon as possible.

Fill out by Kiwa:

Date Paraph:

Name: