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|  | **KAS International Certification & Training** Address: London, England Tel: +44 7340 674730 uk@kascert.com |
|  ***CUSTOMER INFORMATION FORM*** |
| *Customer Name* |
|  |
| *Customer Address* |
|  |
| *Country* | *City* |
|  |  |
| *Phone* | *Fax* |
|  |  |
| *Website* | *E-mail* |
|  |  |
| *Tax Office* | *Tax ID* |
|  |  |
| *Customer Authorised Representative* |
| *Name Surname* | **E-***eMail* |
|  |  |
| *Office Phone* |  *Mobile Phone* |
|  |  |
| *Detailed Informations* |
| *Activity - Scope* |
|  |
| *Related Processes* | *Std Clauses that is n/a**Excluded Std Clauses* |
|  |  |
| *Outsourced Processes (if any)* |  *Related Legis. and Regulations* |
|  |  |
| *Number of Effective Employ.* | *Shift Number / Employee Num.* |
|  |  |
| *Other Facility / Branch / Plant (if any)* |
| *Name - Address* | *Activity / Scope* | *Related Processes* | *N. of Em.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Application Details* |
| *Requested Standard(s)* |
| [ ]  ISO 9001 [ ]  ISO 14001 [ ]  ISO 13485 [ ]  ISO 22000 [ ]  ISO 45001 [ ]  ISO 27001 [ ]  IATF 16949 [ ]  CE [ ]  HELAL |
| *Other*  |  |
| *Do you have any MS? If yes, which MS?* |
|  |
| *If you implement your management system as an integrated, please select a choice or choices for suitable your management system* |
| [ ]  *Management System documents are common.* |
| [ ]  *Management Reviews are common.* |
| [ ]  *Internal Audits are common.* |
| [ ]  *Policy and targets are common.* |
| [ ]  *M.S. proces. app. are common.* |
| [ ]  *Imp. activity. are common.* |
| [ ]  *Resp. in org. are common.* |
| *Did you get any concultancy services, if yes, from who?* |
|  |
| *Do you want to existance of your logo on your certificate?* |
|  |
| *Requested Certification Date* |
| Click or tap to enter a date. |
|  |
|  |
|  |
|  |
| *ISO 22000 Application Details* |
| *Total Number of HACCP* | *Do you have ISO 22000 Cert.?* |
|  |  |
|  |  |
| *Product Group* |  *Category No* | *Numb. of Prod. Line* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Is there any seasonal production?* |  *If yes, production period?* |
|  |  |
| *ISO 13485 Application Details* |
| *Is there any critical supplier?* | *Excluded clauses**Std Clauses that is n/a* |
|  |  |
| *Critical Supplier Name, Address, Resp. Person, Phone, Certificates, CB, Validity Date, Employee Num.* |
|  |
|  |
|  |
| *Is the product partially or fully inserted into the body?* |
|  |
| *If yes, contact duration* |
|  |  |  |  |  |
| *Is the product supplied sterile to the market?* |
|  |
| *If the product is sterile, please select the sterilisation method.* |
| [ ]  *EtO* |
| [ ]  *Steam* |
| [ ]  *Dry Heat* |
| [ ]  *Radiation* |
| [ ]  *Hyd. Perox* |
| [ ]  *Aseptic Proces* |
| *Form filled by* | *Approval date* |
|  | Click or tap to enter a date. |
| *Stamp - Signature* |  |
|  |  |
|  |
|  |