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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.* | |
|  | | | |  | | | | |  | | | |  | |
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|  | | | |  | | | | |  | | | |  | |
| *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. | | | | | | | | | | | | | |
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| *ISO 22000 Application Details* | | | | | | | | | | | | | |
| *Total Number of HACCP* | | | | | | | *Do you have ISO 22000 Cert.?* | | | | | | |
|  | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
| *Product Group* | | | | | *Category No* | | | | | | *Numb. of Prod. Line* | | |
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| *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.* | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| *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* | | | | | | |  | | | | | | |
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