

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 for “fit for function” aspect:		
<input type="checkbox"/> Kiwa Covenant	<input type="checkbox"/> Kiwa BRL	<input type="checkbox"/> Recyclclass
<input type="checkbox"/> Flustix	<input type="checkbox"/> Recertification (end date Kiwagreen) :	<input type="checkbox"/> Other:

Information to make an offer			
Info needed	Answer (to be filled by applicant)		Evaluation (to be filled by Kiwa)
Do you already have a certificate issued by Kiwa?	<input type="checkbox"/> yes, Certificate no:	<input type="checkbox"/> no	
Description of the product/process:			
Does product, or process fall under an evaluation scheme with an existing harmonized norm, EAD or Kiwa BRL?			

Application form KIWAGREEN



Is the product or process certified under the related (harmonized) norm, EAD or any other certification scheme?:	<input type="checkbox"/> yes, Certificate no: Given by:	<input type="checkbox"/> no	
Claim:			
Technical expertise needed:			
Name of your technical expert			
KCC decision:	To be filled in by KCC secretary after evaluation by KCC committee		

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 NL.Castor@kiwa.com

Fill out by Kiwa:

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

Accepted by (name Kiwa employee):

Paraph: