

# CE Marking Company and Product Profile

This questionnaire helps us to understand your business and provide you with the best possible service. Your co-operation in completing all sections is appreciated.

This form has been specially enabled to be filled out in Acrobat reader. Just click on a line to start typing. When completed save your file and email back to [info.nl@bsigroup.com](mailto:info.nl@bsigroup.com) or directly to your sales contact.



## 1 Applicant / Certificate holder

Registered company name: .....  
Address to appear on certificate: .....  
..... Postcode: .....  
Tel: ..... Fax: ..... Website: .....  
Company Registration Number: ..... VAT Number (where applicable): .....  
Company trading name if different from above: .....

## 2 Applicant / Certificate Holder Contact Details

Primary contact:	Secondary contact:
Name: .....	Name: .....
Tel: .....	Tel: .....
Mobile: .....	Mobile: .....
Email: .....	Email: .....
Position: .....	Position: .....

Details of agent/consultant that you authorise to act on your behalf (if applicable):–  
Contact name: ..... Tel: ..... Email: .....

## 3 Invoice address (if different from above)

Company name: ..... Contact: .....  
Address: .....  
..... Postcode: .....  
Tel: ..... Fax: ..... Email: .....  
Company Registration Number: ..... VAT Number (where applicable): .....

## 4 Manufacturer's Location (if different from above)

Company name: ..... Contact: .....  
Address: .....  
..... Postcode: .....  
Tel: ..... Fax: ..... Email: .....  
Company Registration Number: ..... VAT Number (where applicable): .....

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## 5 Certificate Requirements

Please state the standards/specifications/Directives to which your products are to be assessed e.g. EN 1234:

Please state the scope of products for assessment (as appropriate please provide models, types, sizes and families etc.):

How many people are directly involved in the production of the products detailed above?: .....

## 6 Quality System

Do you have a documented Quality System? Yes  No

If YES, Is it certified to ISO 9001? Yes  No

If YES, Who is the certification held with?: .....

## 7 Other Information

Please give details of any certification granted by other certifying bodies:

Do you currently supply the product you are applying for?: Yes  No

Approximate number, quantity or volume supplied per annum?: .....

From what date do you require a certificate?: .....

**What has made you decide to approach BSI about this service?**

- European legislation\*
- Differentiate your product or service in the marketplace\*
- Access to other industry schemes\*
- Other\*

\* Please describe within this box



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Thank you for your co-operation in completing this questionnaire.

Please return to: BSI Group, Kitemark Court, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PP UK or by email to [testing.services@bsigroup.com](mailto:testing.services@bsigroup.com) or directly to your sales contact.

Signature\*: ..... Date: .....

Name: ..... Position: .....

\* Signature may be omitted when you are sending the form back electronically.

Please add or attach any information which you think would help us in processing your enquiry



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CLEAR

SAVE