

Compliance & Supply Chain Management

CSM 2000[®]

006

APPLICATION FORM

This Application Form is intended to have a short self-description of your company. This Application Form helps the TÜV Certification Body to estimate the scope of and resulting effort involved in the performance of a certification according to CSM 2000 STANDARD.

I. COMPANY DATA:

Company: -----

Street, No: -----

Postal Code, City: -----

Country: -----

Contact Person: ----- Tel.: -----

Facsimile: -----

Email: -----

Department: -----

Field of Activity: Manufacturer _____
 Subcontractor _____
 Agent _____

If there is a plan (organigram) showing the structural organisation of the company as a whole or the area to be audited, please enclose it as an annex to this Application Form.

II. CSM 2000 RELATED QUESTIONS

<p>All sites covered by the scope of the certificate</p> <p>(please use separate sheet to indicate any additional sites)</p>	<p style="text-align: center;"><u>Site 1</u></p> <p style="text-align: center;">Head Office</p> <p>(please indicate name and address)</p>	<p style="text-align: center;"><u>Site 2</u></p> <p>(please indicate name and address)</p>	<p style="text-align: center;"><u>Site 3</u></p> <p>(please indicate name and address)</p>
<p>All products / materials intended for classification according to Compliance Check</p>			

<u>Site 1</u> Head Office	<u>Site 2</u>	<u>Site 3</u>
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Major raw materials and purchased parts used for processing			
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<u>Site 1</u> Head Office	<u>Site 2</u>	<u>Site 3</u>
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Number of workers at the individual sites: (use separate sheet for additional sites)			
Number of employees at the individual sites: (use separate sheet for additional sites)			
working areas: -research/development			
-design			
-production			
-administration			
-quality, inspection and testing			
-purchasing/sales			
-others			

Number of shifts:			
Number of workers per shift:	Shift 1		
	Shift 2		
	Shift 3		

<u>Site 1</u> Head Office	<u>Site 2</u>	<u>Site 3</u>
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Number of production lines for the relevant products or product groups			
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<p>Has the company and/or the sites already been certified to ISO 9000, ISO 14000 or other QMS Systems?</p> <p>Please indicate:</p> <ul style="list-style-type: none"> - the system - date of issue of the certification - certified by whom 			
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<p>Is your company certified by other bodies e.g. Öko tex Standard 100, SA 8000 or others?</p> <p>Please indicate:</p> <ul style="list-style-type: none"> - the standard - date of issue of the certification - certified by whom 			
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III. APPLYING FOR:

What is your objective (please tick the applicable item)

CERTIFICATION TÜV COMPLIANCE

REPEAT CERTIFICATION TÜV COMPLIANCE

RE-CERTIFICATION TÜV COMPLIANCE

Please indicate the product groups:

-
-
-
-
-
-
-
-
-
-

After receiving the completed Application Form and Status analysis back from the Applicant, a detailed proposal concerning the Certification and Monitoring according to Compliance and Supply Chain Management System *CSM 2000*[®] offered by TÜV will be followed.

Place

Date

Company stamp and signature

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