

<b>AUKM Application Form</b>			
Date:			
Company Name:		Number of Staff	
Correspondence Address:			
Telephone Number:		Fax Number:	
Contact Name:		Contact Position:	
E-mail:		VAT Number for non UK (EU Clients)	
Mobile No:			
Scope and Comments: (brief description of operations and activities including a complete list of feed materials – please attach a separate document if more convenient)			
Number of Sites to be included within the certification..... (Please list sites and site activities on page 2)			
Existing Approvals – Please list current approvals and the Audit Bodies that you use:			

For renewal instructions, you are continuing to agree to the acceptance of your original Certification Terms and Conditions.

Applicable charges, according to the current fee structure, will be invoiced and must be paid prior to your audit taking place.

It is a requirement that any changes that may affect your original quotation are communicated to us immediately e.g.

Change of ownership, name change etc.

**By completing, signing and returning this application form you are confirming acceptance of the above and of the Scheme Rules.**

**We expect you to be familiar with the relevant Standards ([www.assuredukmalt.com](http://www.assuredukmalt.com))**

I expect to be ready for my Assessment during ..... (month/year)

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Does your organisation have a Modern Slavery Policy in place Y/N

Does your organisation have a Anti Bribery Policy in place Y/N

**Reasons for choosing/remaining with Kiwa Agri Food (please circle)**

**Marketing, Referral, Quality, Speed, Price, Customer Demand, Google Search**

Please return to:-

Kiwa Agri Food, The Inspire, Hornbeam Square West, Harrogate, North Yorkshire. HG2 8PA

Tel: 01423 878878

Email: [feed@kiwa.co.uk](mailto:feed@kiwa.co.uk)



Site Address	Activities

**Office Use Only:**

Sufficient Information provided and clarification sought from client if not

Scope of certification defined and confirmed as.....

.....

Means available to perform evaluation and certification activities

Audit duration confirmed to be.....

Signed.....

Date.....