|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME | | |  | | | | | | | | | | | | | | | | | |
| DISTINCTIVE TITLE | | |  | | | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | | | | | | | | | | | | |
| ZIP - CITY | |  | | | phone | | | |  | | | at_symbol | | | |  | | | | |
| TELEFAX | |  | | | URL | | | |  | | | VAT Nr. | | | |  | | | | |
| COMPANY REPRESENTATIVE: | | | | |  | | | | | | | | | | | | | | | |
| SCOPE OF CERTIFICATION: | | | | CATS | | | | | | | | | | | | | | | | |
|  | | | | DOGS | | SIZE | | SMALL | | | MEDIUM | | | | LARGE | | | | | X-LARGE |
| SITE WHERE THE AUDIT WILL TAKE PLACE: | | | | | | | | | |  | | | | | | | | | | |
| SIZE OF FACILITY IN m2 | | | | | | | | | |  | | | | | | | | | | |
| OTHER FACILITIES / SUBSIDIARIES: | | | | | | | | | |  | | | | | | | | | | |
| IF YOU WISH TO INLCUDE THESE FACILITIES WITHIN THE SCOPE SPECIFY THEIR SIZE IN m2 | | | | | | | | | |  | | | | | | | | | | |
| PERMANENT PERSONNEL | | | | | |  | | | | TEMPORARY PERSONNEL | | | | | | |  | | | |
| NUMBER OF PERSONEL ON SHIFTS | | | | | |  | | | | Nr. OF SHIFTS (if any) | | | | | | |  | | | |
| CLASSIFICATION (Star rating) | | | | | |  | | | | | | | | | | | | | | |
| TOTAL NUMBER OF ROOMS | | | | | |  | | | | | | | | | | | | | | |
| NUMBER OF ROOMS DESIGNATED FOR USE BY GUESTS WITH PETS | | | | | | | | | | | | |  | | | | | | | |
| DO YOU WISH A PRE-ASSESMENT AUDIT TO TAKE PLACE? | | | | | | | | | | | | | | YES | | | | | NO | |
| DESIRABLE AUDIT DATE (MONTH / DATE) | | | | | | |  | | | | | | | | | | | | | |
| OTHER INFORMATION – REMARKS: | | | | | | |  | | | | | | | | | | | | | |
| I hereby declare that the company has in place all the necessary legislative documentation relating to its operations | | | | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | SIGNATURE AND STAMP | | | | | | | | | | | |
| Please fill in the application form and email it to [infocy@tuv.at](mailto:infocy@tuv.at) or FAX it to (+357) 22879551 | | | | | | | | | | | | | | | | | | | | |
| Date | APPLICATION REVIEW  *(to be filled in by the Certification Body)* | | | | | | | | | | | | | | | | | Signature | | |

INFORMATION ABOUT PERSONAL DATA

1. In the context of this transaction, we inform you that TÜV AUSTRIA HELLAS becomes the Data Controller for the data you provide to us.

2. Access to your Data has the absolutely necessary staff of TÜV AUSTRIA HELLAS, which is committed to maintaining the confidentiality of the Data as well as the cooperating companies (external accountant, computer technician, etc.) which process the Data as Data Processor on behalf of the Company and in accordance with its orders, in order to support and serve this contract.

3. TÜV AUSTRIA HELLAS, taking all appropriate technical and organizational measures, shall not transmit them to any third party (natural or legal person), except where provided by the law and retains them for as long as the transaction in question lasts and for as long as there is a legal obligation to maintain them by the Company, unless an extension of this time is required due to legal claims.

4. You have the right to access the correction, deletion, restriction of processing, objection or revocation of your consent for the processing of personal data maintained by the Company in its files, by sending an email to [dpo-gr@tuv.at](mailto:dpo-gr@tuv.at) If your right is not upheld, you can appeal to the Personal Data Protection Authority at [www.dpa.gr](http://www.dpa.gr).

5. For more information regarding the processing of data, please see the Privacy Policy posted on the official website of the company [www.tuvaustriahellas.gr](http://www.tuvaustriahellas.gr).

 I would like to be informed about the new services offered by the Company