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| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME | | |  | | | | | | | | | | | | | | | | | |
| DISTINCTIVE TITLE | | |  | | | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | | | | | | | | | | | | |
| ZIP - CITY | |  | | | | | phone | |  | | | | | at_symbol | | | |  | | |
| FAX | |  | | | | | URL | |  | | | | |  | | | |  | | |
| VAT Nr. | |  | | | | | | | TAX OFFICE | | | | |  | | | | | | |
| SITE WHERE THE AUDIT WILL TAKE PLACE: | | | | | | | | | | |  | | | | | | | | | |
| OTHER FACILITIES / SUBSIDIARIES / TEMPORARY SITES: | | | | | | | | | | |  | | | | | | | | | |
| DO YOU WISH THOSE SITES TO BE AUDITED AS WELL? | | | | | | | | | | | YES | | | | NO | | | | | |
| COMPANY REPRESENTATIVE: | | | | | | | | | | |  | | | | | | | | | |
| phone |  | | | | | | | | | | at_symbol | |  | | | | | | | |
| CONSULTANT | | | |  | | | | | | | phone | |  | | | at_symbol | | |  | |
| SCOPE OF ACTIVITY: | | | | |  | | | | | | | | | | | | | | | |
| CRITICAL PROCESSES, PROCESSES CARRIED OUT BY SUBCONTRACTORS AND THEIR INTERACTION: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| LEGISLATION RELATIVE TO THE PRODUCTS OR THE SERVICES OF THE COMPANY | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| PERMANENT PERSONNEL | | | | | |  | | | | TEMPORARY PERSONNEL | | | | | | | | | |  |
| NUMBER OF PERSONEL ON SHIFTS | | | | | | | |  | | Nr. OF SHIFTS (if any) | | | | | | | | | |  |
| EXISTANCE OF OTHER CERTIFIED MANAGEMENT SYSTEM(Please fill in relevant Annex in case of transfer request) | | | | | | | | | | | | YES | | | | | NO | | | |
| SPECIFY CERTIFIED MANAGEMENT SYSTEM | | | | | | | | | | | |  | | | | | | | | |
| VALIDITY OF CERTIFICATION | | | | | | | | | | | |  | | | | | | | | |
| OPERATION LICENSE / ENVIRONMENTAL LICENSE / CORPORATION CHARTER *(please attach)* | | | | | | | | | | | | | | | | | | | | |

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| **INFORMATION FOR THE CONFORMITY ASSESSMENT** | | | | | | | | | | |
| Economic operator classification | | | Manufacturer | | Authorised representative | | Importer | Distributor | | |
| Specify the following per product | | | | | | | | | | |
| S/N | Product name | Product Function Categories (PFCs) of EU fertilizing products as described in Annex I | | Component Material Categories (CMCs) as described in Annex II | | Conformity Assessment Module as described in Annex IV | | | Annual tonnage | Critical Processes |
| 1 |  |  | |  | |  | | |  |  |
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| **DECLARATIONS** | | | | | | | | | |
| I declare that the same application has not been submitted to any other notified body | | | | | | | | | |
| I agree that testing of the samples will be carried out at Laboratories subcontracted by TÜV Austria. | | | | | | | | | |
| I acknowledge the Notified Body’s right to request further samples if needed for carrying out the test programme | | | | | | | | | |
| I declare that all relevant documentation will be at TÜV Austria’s disposal upon request. | | | | | | | | | |
| **ATTACHMENTS** | | | | | | | | | Check |
| Technical Documentation of the product/products (Applicable for Modules B and D1) | | | | | | | | |  |
| Quality Documentation (Applicable for Module D1) | | | | | | | | |  |
| Other Documents (describe) | |  | | | | | | | |
| DO YOU WISH A PRE-ASSESMENT AUDIT TO TAKE PLACE? | | | | | YES | | | NO | |
| DESIRABLE AUDIT DATE (MONTH / DATE) | | |  | | | AUDIT TYPE: | | |  |
| OTHER INFORMATION – REMARKS: | | |  | | | | | | |
| I hereby declare that the company has in place all the necessary legislative documentation relating to its operations | | | | | | | | | |
| DATE | | | | Shape  Description automatically generated with low confidence  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