Thank you for your interest in our services. Please provide us with the following information, which we will use to prepare an individual and binding quotation.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.General information** | | | | | | | | |
| Organisation name with legal form |  | | | | | | | |
| Address |  | | | | | | | |
| Country |  | | | | | | | |
| Website |  | | | | | | | |
| Contact(First / Second Name) |  | |  | | | Position: | |  |
| Telephone |  | | | | | E-Mail | |  |
| Management Representative |  | | | | | Worker representative(s) | |  |
| Comp. Reg. No. |  | | | | | VAT No. | |  |
| Industrial Sector in which you operate |  | | | | Year of operation: | | |  |
| Main Products supplied by you |  | | | | | | | |
| Actual Manufacturing Process(es) |  | | | | | | | |
| Outsourcing processes |  | | | | | | | |
| Home worker(s) | No  Yes, number of home workers: ……. | | | | | | | |
| Area of the factory in m² |  | | | | | | | |
| Dormitory | No  Yes, address: .......... | | | | | | | |
| Unionized company | No  Yes | | | | | | | |
| Number of buildings | *If there are several buildings, please write the address and operations below:*   |  |  |  | | --- | --- | --- | | **Address** | **Operations** | **Number of employees** | |  |  |  | |  |  |  | | | | | | | | |
| Did a consultant support you within previous 2 years? | No  Yes, details as below: | | | | | | | |
| Consulting firm |  | | | Consultant name(s) | | |  | |
|  | | | | | | | | |
| **2. amfori BSCI specific information** | | | | | | | | |
| RSP Holder\* Name | |  | | | | | | |
| Site amfori ID \*\* | |  | | | | | | |

*\*RSP Holder is the amfori BSCI member which is requesting the audit. Without this request, it is not possible to plan the audit.*

*\*\*Database ID Number generated for each producer on amfori platform.*

|  |  |
| --- | --- |
| **3. No. of employees at the location** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No. of employees at the location | Male | Female | Migrant workers | Language spoken |
| Currently |  |  |  |  |  |
| Peak time during last 12 months |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Allocation employees at the location** | | | | | | | | | | |
| Departments | Number of workers | Number of shifts | Shift 1 | | | Shift 2 | | Shift 3 | | Work at night (Y/N) |
| From | | To | From | To | From | To |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| **5. Which kind of audit do you require?** | | | | | | | | | | |
| Type of amfori BSCI monitoring  Full Monitoring  Follow-up Monitoring | | | | Manufacturing  Small Producer Assessment  Multi-tier Food  Agriculture Large Farm Food | | | | | | |
| Type of announcement | | | | If known, please indicate audit announcement type below:  Announced  Unannounced  Semi Announced | | | | | | |
| In case of Follow-up Monitoring | | | | Latest audit:  Full monitoring  Follow up monitoring  Date of the latest audit:  Rate of latest audit: Number of PAs with findings:  *(Producer shall provide the latest audit report for auditor’s reference)* | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6. Additional information for Farms (if any)** | | | | | | | |
| When is the harvest time? | | | |  | | | |
| Do you have a valid GLOBAL GAP Certificate? | | | | No  Yes (please send it for review) | | | |
| Name of the Farm | Address | Total number of employees | Number of permanent employees | | Number of seasonal employees | Products | Internally audited (yes/no) |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| **7. Any further information you think may be important for us?** | | | | | | | |
| *(e.g. contractor working at site, special government waiver, changes at site…)* | | | | | | | |

We herewith confirm the completeness and accuracy of the information given above and in any annexes that may be attached. We agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Place/Date |  | Name, Function |  | Signature\*) |

\*) If sending by email, the sender's address will be accepted