

APPLICATION FOR PRODUCT CERTIFICATION / QUALITY SYSTEM

HEADQUARTERS

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Γενικά Στοιχεία Εταιρείας:

Manufacturer: _____
Address: _____ **City:** _____ **PC.:** _____
Tel _____ **Fax:** _____
Company's e-mail: _____ **Applicant's e-mail:** _____
General Manager: _____ **Contact Person:** _____ **Related Worksite:** _____

a. Data for the Product Certification / Quality System:

Quality System

- Product(*)** _____
- Relevant European Directive & Module (where applicable)** _____
- Relevant Legislation** _____
- Description & Identification of equipment** _____
- Relevant standard (s)** _____
- Other** _____

b. Attached Documentation

- Description of equipment** _____
- Manufacture Place** _____
- Attached documentation** _____

(*) In case of **Construction Products** – please fill the table below

| PRODUCT & PRODUCT CHARACTERISITC ACCORDING TO STANDARD | STANDARD | | | | | | | | |
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| Production Factory: | | | | | | | | | |
| Number of employees / Shifts: | | | | | | | | | |
| Operation of the company: | | | | | | | | | |
| Other sites: | | | | | | | | | |

Request for: Offer Meeting Other

Contact Person

Tel.: _____ **Fax:** _____ **E-mail:** _____

Date: _____ **Stamp / Signature:** _____

Please send this fax or e-mail to the offices in: Athens, Thessaloniki, Crete