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1. Ge	neral Company's Data	:							
Coi	mpany(Legal Name):								
Add	dress :				City	/ :	P.O.	Box :	
Pho	Phone No :					:			
Company e-mail :					Contact person e-mail :				
Contact Person Name:					Position:				
Pho	one no. :				Мо	oile:			
Coi	nsultant :								
ls y	our company register in	NFS	۹ (Nati	onal Food Safety Au	thorit	y)? 🗆	Yes 🗆 NO		
Did	your company receive i	n-hou	ıse trai	ning by TÜV NORD v	withir	the las	t two years? □ Yes)
If y	es, Training Name:						Dated:		
2. Nu	mber of Employees					1 days 2 2	annout / Custom/s NAmon annous	. 4	
Total	Number of Employees:					Manage	ement / System's Managemer	π	
Num	ber of Employees Working in	n Main	Shift:			Sales / (Customer Service		
Num	nber of Shifts (Identical Shifts [] Yes	□ No):		A.	Design ,	/ Research and Development		
	nber of Similar Activity in Eac		,		DETAIL	_	tion / Service Realization		
	•	5					Distribution /Drivers		
	nber of Seasonal Employees:					,	,		
	nber of Process Lines:		_			Other Activities			
	ta for the Managemen ertification Standard:	Sys	tem E	valuation and Cert	ificat	ion:			
	Certification		Ro-C	Sertification		Trans	for		Extension
	ISO 9001:2015			EC 20000-1:2011		HACC			IFS (4)
	ISO 14001:2015 (2)		ISO/	EC 27001:2013 ⁽⁶⁾		ISO 22	2000:2005		SMETA
	ISO 45001:2018 ⁽¹⁾		ISO	29993:2017			2000:2018		BSCI
	ISO 50001:2018 ⁽³⁾		ISO :	21001:2018		(Unanno	22000 (4)or(5) sunced audit shall be combined er standard) □Yes □No		SA 8000
	ISO 13485		IATF	16949:2016		BRCG (Unanno	(4)or(5) bunced audit shall be combined		Other
(1) Ir	case of choosing ISO 45001 sta	ndard.	nlease fi	ll in also the ANNFX (1)		with oth	er standard) □Yes □No		
(2) Ir	a case of choosing ISO 14001 sta a case of choosing ISO 50001 sta	ndard,	please fil	l in also the ANNEX (2)					
					ill in als	o the ANN	IEX (4) for Food sector & ANNEX	(5) for	Packaging sector.
3.2 S	cope of Certification (as it v	vill be	written on the certifi	cate)	:			
3 <u>.3 ls</u>	sue date of the Manag	eme	nt sys	tem:					
3.4 P	roducts / Products Ca	tegoı	ries / S	Services:					
355	Suggested Audit Date:								
3.5 0	raggootou Audit Date.								
3.4 lı	n case of ISO 9001 Ce	rtifica	ation p	lease mention the	exc	usions	clauses if any:		

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3.5 In case o	of ISO 220	000 / FSSC 22000	/ BRCGS	Certification, ple	ease	mention the number	of HACCP S	Studies:
3.6 In case y Body.	our com	pany is certified i	.a.w. ano	ther standard, pl	ease	record the standard	and the Cer	tification
		ormative Requiren Environmental:	nents Re	levant to The Coi	mpan	ny's Operation / Prod	ucts / Servio	es /
4. Other Info	rmation:	In case of multi s	sites:-					
Number of S				Shifts (Identical Shift	fts 🗖 Ye	es 🗆 No):		
Location	Loc	cation of sites (Add	lress)			Employees stem to be certified)	Rema	arks
Sites		`		Total		Involved		
Site 1								
Site 2								
Site 3		Add Column if req						
		important subco ement systems, s				nagement system, th	e level of	
Request for	r:		Offer			Meeting		Other
Contact per								
Phone No:			FAX:		E	-MAIL:		
Date :				Stamp/Signatu	re:			
Please s	end this	fax or e-mail to	the offi	ce in: O Cairo,	Egyp	ot		
TÜV Nord E	gypt dec	ision regarding t	ne reque	sted organization	n:			
□ Accep	ted			Rejected				
Rejection Ju	stificatio	n:						
Name of the	Informer	ormed with the jus :: ition contact pers		n on:				

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ANNEX ((1)	—	ISO	45001
---------	-----	----------	-----	-------

ы		272KG		tho	location
		6/46/10	5 a		

What major hazards - mechanical hazards, electrical hazards, hazardous substances (e.g. gases, vapours, aerosols, liquids), fire and explosion hazards, thermal hazards, biological hazards (e.g. infection by means of microorganisms, virus or biological manufacturing substances) hazards from special physical effects (e.g. noise, radiation, electromagnetic fields) hazards from working conditions (e.g. climate, lighting), physical strain (e.g. through movement or remaining in the same position), and also psychological hazards (e.g. from work tasks, work organization, social factors/conditions, workplace conditions, working environment, flexible working hours) and other risk factors - are present at the location, taking internal / external construction sites and workshops particularly into consideration.

2. Accident figures for the last three years:							
	20	20	20	3 years period			
No. of employees ¹⁾							
No. of accidents ²⁾				Σ			
accident rate ³⁾				Ø			

¹⁾ All employees, including part-time employees, must be taken into consideration: workers employed by the organization, workers of external providers, contractors, individuals, agency workers, and other persons to the extent the organization shares control over their work or work-related activities, according to the context of the organization; part-time employees count proportionally.

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²⁾ Accidents with an absence time of at least three days and accidents caused by fatal injuries.

³⁾ accident rate= number of accidents / annual number of workers.

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ANNEX (2) - ISO 14001	

Please tick the appropriate box if your company belongs to one of the following branches (multiple choice possible)
- Industry of basic metals, fabricated metal products, machinery and equipment -
☐ Production of basic metals ☐ Electroplating ☐ Welding ☐ Surface or other chemical treatment of metal products ☐ Coating
- Industry of rubber and plastic products -
Mmanufacture of plastic and rubber raw materials
- Industry of electrical and optical equipment -
☐ Manufacture of printed circuit boards without components ☐ Manufacture of electronic components
- Electricity supply -
☐ Energy generation with nuclear power ☐ Electricity generation based on coal
- Industry of pulp, paper and paper products -
Paper recycling Manufacture of pulp / cellulose
- Printing companies -
☐ Photogravure, rotogravure, reproduction of recording media
- Industry of textiles and textile products -
Dyeing of textiles and clothing Tanning of leather
- Industry of non-metallic mineral products -
☐ Processing and manufacture of ceramics ☐ Processing and manufacture of glass ☐ Processing and manufacture of clay, lime
- Wholesale and retail trade -
☐ Wholesale and retail trading with fossil fuels
- Transport, storage -
Own vehicle fleet administration
- Industry of wood and wood products -
☐ Manufacture of wood planks ☐ Treatment/impregnation of wood and wood product
- Industry of disposal and recycling -
Composting Waste dumps Waste processing including special waste, e.g. through incineration etc.

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ANNEX (3) - ISO	50001		
☐ main locat	ion (headquarter)		
	n is a permanent site of the organization with personnel permanently on site on multiple locations are requested to fill out one table for each location.	e and w	here energy is used.
Energy Consu	mption (of the location)		
period).	sumption of the site shall be taken into account (calendar year or other 12-month btained from outside the boundary (of the EnMS) shall be taken into account.		\leq 200 TJ 200 T \leq 2000 TJ 2000 T \leq 10000 T > 10000 T
Energy source	S (of the location)		
Only energy sources is delivered by the ut shall not be considered.	Natural Gas Fuels (diesel, gasoline, LPG) nard coal, lignite, coke ocal or district heating others: obtained from outside the boundaries shall be considered, i.e. natural gas which illities shall be considered whereas the steam generated inside the boundaries ed. ss than 2% of the total energy consumption (of this location) can be excluded, issumption of this energy source doesn't exceed 200 MWh per year.	Total:	1 or 2 3 ≥ 4
Significant ene	ergy uses (of the location)		
ventilation, air-condi- Several <u>similar</u> produ significant energy use	ems, e.g. air-conditioning systems (HVAC systems) may be counted as one	Total:	≤ 5 6 up to 10 11 up to 15 ≥ 16
EnMS effective	e personnel (of the location)		
Total of EnMS effe	ective personnel above (full-time equivalents)		
□ 1-15 □ 16-25	5 🗆 26-65 🗀 66-85 🗀 86-175 🗀 176-275 🗀 276-425 🗀 426-67.	5 🔲	> 675

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ANNEX (4) -	Food Sector

For companies with multiple locations, please complete the form for each individual location.

Location no of	
1. General information on company / location	n
Name and company type *	
Street/house number*	
Postcode/city/country *	
Contact person/position *	
Phone No.*	
Email address *	
Homepage	
Official company registration no.*	
VAT ID no. *	
Branch (please tick as appropriate) *	☐ Food ☐ Feed ☐ Trade ☐ Logistics (Storage, Transport).
Description of the product groups (e.g. meat, fish, beverages etc.) *	
Number of HACCP-Studies	
ONLY relevant for IFS Food and IFS Progress Food: Please select the processes according to IFS *	P1 P2. P3 P4 P5 P6 P7. P8 P9 P10 P11 P12 P13 Here you will find the explanations for the respective process steps (P): IFS Database (ifs-certification.com)
Brief description of the production process, activites, technology. *	
Are there seasonal activities or products that are produced exclusively during a certain period of the year?*	
Language used in the company *	
Documentation available in the following languages *	
Preferred audit language *	
Preferred report language (s)*	
Number (HC = Head Count), total employees *	

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Total number of employees from temporary employment *	
Employees calculated as full-time equivalents (FTE)*	
Number of shifts *	
Number of employees working in shift calculated as full-time equivalents (FTE)*	
Size of production area including storage *	
Are there products that should be excluded from certification? *	
Are there any outsourced processes, production steps or parts of the production process that are carried out off-site by another company? *	☐ yes If yes, is the company certified to a GFSI-recognised standard? ☐ yes If no, which activities are involved:
Are there decentralized structures (facilities of the company where parts of the processes and procedures of the production site take place, but which are not located at the production site, e.g. warehouse)?	yes If yes, please short explanation:
Are there central processes (processes that are organized for several locations of a company/group of companies from one head office, e.g. purchasing, sales, development?	yes If yes, is a separate audit of the head office desired: yes
ONLY relevant for Broker certification:	
Number of suppliers? *	
2. Information on transfer of certification fro	m other certification bodies
Existing certifications (If yes, please enclose certificates and if possible, the latest audit report) * Why do you want to change the certifier?	
willy do you want to change the certifier:	
3. Factors, that may have an influence on the	audit effort
If multiple standards are to be certified, is combined auditing desired?	yes
Would you like a remote audit?	yes
Do you have the necessary infrastructure for the remote audit?	yes
Desired audit date	
4. External consulting	
Were you supported by a consultant?	
Has your company received in-house training from a	
TÜV NORD company?	yes
	If yes, please indicate training providers and trainers:
5. Space for comments	

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6. Desired Certifications

IFS (International Featured Standard)
\square Food \rightarrow \square announced or \square unannounced
Food & Costco
☐ Logistics → ☐ announced or ☐ unannounced
☐ Wholesale / Cash & Carry
☐ Broker → ☐ announced or ☐ unannounced
Progress Food Basic level
Progress Food Basic level +HACCP
☐ Progress Food Intermediate Level → ☐ announced or ☐ unannounced
BRCGS (British Retail Consortium Global Standard)
☐ Food Safety → ☐ announced or ☐ unannounced
AVM (if required): Meat Supply Chain Assurance
FSMA (Food Safety Modernisation Act)
ASDA Traded Goods Gluten-Free
Storage & Distribution
Agents & Brokers
☐ BRC START!
HACCP
☐ ISO 22000 : Categorie/ Subcategorie (if known)
FSSC 22000: Categorie/ Subcategorie (if known)
MSC GlobalGAP
RSPO (TÜV NORD Integra)
RAINFOREST ALLIANCE (TÜV NORD Integra)
FAMI-QS
QS with GMP+ approval
☐ ITW (Initiative animal welfare)
Others:

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ANNEX (5) -	Food packaging Sector

1. General information on company / location

(for companies with multiple locations, please complete the form for each individual location)							
Location no of							
Name and company type *							
Street/house number *							
Postcode/city/country *							
Contact person/position *							
Tel-no.*							
Email-adress*							
Homepage							
Official company registration no.*							
VAT ID no. *							
Description of the product groups *							
Scope/brief description of theproduction process / activity *							
Number of HACCP-Studies							
Are there seasonal activities?*							
Language used in the company *							
Documentation available in the following languages (e.g. management review, internal audit, risk analysis, analysis manual) *							
Preferred audit language *							
Preferred report language *							
Total number of employees *							
Employees calculated as full-time equivalents (FTE)*							
Number of shifts *		1	T	ı	ı	1	
Number of employees per shift calculated as full-time equivalents (FTE)*	Shift 1		Shift 2		Shift 3		
Administrative employees calculated as full-time equivalents (FTE)* *							
Size of production area including storage spaces *							
Are there outsourced processes (e.g. banding, packaging, warehousing) and/or subcontractors? *							
Is there another location under the same legal entity where manufacturing processes and/or logistical activities are carried out (off-site activities)?	yes no If yes, is the location certified against a GFSI recognized scheme?						

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	yes	yes no				
	If not, please provide the following information:					
	Name and Address of the location					
	2. Product specifi	activities on the location				
	Number of employees calculated as full-time equivalents (FTE)					
Are there centralised processes (processes organised by head office for multiple locations, e.g.	yes	es 🔲 no				
purchasing, sales, product development)?	If yes, in case of unannounced audits (only applies to IFS Food and FSSC					
	22000), is a separate audit of the head office desired?					
Has the site ever been BRCGS or FSSC certified?	yes					
has the site ever been brods or risso certified?	□ No					
	Yes: Please enter previous site code:					
	When:	When:				
Existing certifications (please enclose certificates)*						
If multiple standards are to be certified, is combined auditing desired?						
Is a pre-audit desired?						
Desired audit date (month, calendar weeks or						
specific appointment Were you supported by a consultant?						
Has your company received in-house training from a	If yes, please ir	dicate				
TÜV NORD company?		training providers and				
Special features / remarks	trainers.					
	1					
5. Requirements for Remote-Audits (Multiple selection	on possible)					
		1_				
Computer with Internet access		Yes	☐ No			
Conferencing tools (WebEx, Skype for Business, Zoom,	Yes	□ No				
Webcam	Yes	□ No				
Good audio equipment (microphone, speakers, heads	Yes	□ No				
Secure and stable internet connection (LAN, WLAN), a production facility	Yes	□No				
If there are specific security requirements in the client responsible for providing a secure internet connection	Yes	□No				
Do the information security measures for the remote a requirements, statutory, regulatory or contractual obl	Yes	□No				

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		1	, , , , , , , , , , , , , , , , , , , ,			
Do the information security measures of the equipment used for the remote audits correspond to the state of the art, e.g. the requirements of ISO 27002, GER BSI baseline protection or an analogous standard?		☐ Yes	□No			
	cople responsible for the remote audit familiar with the information ettings for running remote audits?	Yes	□No			
2. Desired Certifications						
	BRC GS (Brand Reputation through Compliance Global Standard)					
_	Packaging					
	☐ Glass manufacture and shaping ☐ Paper manufacture and processing ☐ Metal forming ☐ Forming solid plastics ☐ Manufacture of flexible plastic containers ☐ Other products ☐ Printing processes ☐ Chemical processes Voluntary Modules					
	AM 10 Plastic Pellets loss prevention AM 11: TMS GQS					
	НАССР					
	ISO 22000					
	FSSC 22000 Scope I					
	→ ☐ announced or ☐ unannounced					
	→ □ on-site or □ remote + on-site	_				
	Plastics Paper and Board Metal glass and ceramics w	ood 🗌 others				
	ISO 15378					
	Sterilization processes are used					
	Printing processes are used					

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