This Appendix contains questions especially for SMETA audit request that will help us to prepare an individual and binding quotation.   
   
**General information** (Only main location / Company headquarters)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: with legal form |  | | | | | |
| Address: |  | | | | | |
| Postcode, Town: |  | | | | | Country: |
| Contact: | **Mr/Mrs (First name / Second name)** | | | | | |
| Function: | Quality Representative  Other: | | | | | |
| Telephone: |  | Internet: | | www. | | |
| Telefax: |  | E-Mail: | |  | | |
| Sector: |  | | | | | |
| Comp. Reg. No. |  | | VAT No. | |  | |
| Products: |  | | Activities: | |  | |

# Number of workers at the site

|  |  |  |
| --- | --- | --- |
| Total no. of workers:  (full time/part time worker) excluding management |  | Male:  Female: |
| No. of workers in shift working: |  | Number of shifts: |
| In addition, no. of subcontracted employees: (temporary employees from employment agencies) |  | |

# Which kind of audit do you require?

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit Scope:**  SMETA  2 Pillar  4 Pillar | |  |  |
| **Code, on which the audit is based on:** | | **Audit Nature:** | |
|  | Corporate Code  ETI Base Code  FLA  Local Law  SA8000  WRAP  Other: |  | Full Initial audit  Periodic audit  Full Follow up audit  Partial Follow up audit  Partial other |

# SEDEX Database

|  |  |  |
| --- | --- | --- |
| Will the SEDEX database be used for the audit? | |  |
| yes | | no |
| If yes: | |  |
|  | The SAQ (Self Assessment Questionnaire) is available | |
|  | An audit request via SEDEX is already started | |

**Upload of the audit documentation into SEDEX**

|  |  |
| --- | --- |
|  | Shall be uploaded by TÜV NORD  (recommended) |
|  | Will be uploaded by us |

**Other remarks:**

# Is your company certified against any of the following standards?

|  |  |  |  |
| --- | --- | --- | --- |
|  | ISO 9001 |  | SA8000 |
|  | ISO 14001 |  | BSCI |
|  | OHSAS ISO 18001 |  | WRAP |
|  | Other system certification: |  | FLA |
|  |  |  | Other fair/social/accountability certification: |
|  |  |  |  |

# Are you a member of an industry, professional or trade association/federation? (Please name)

# Any further information you think may be important for us?

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 |  | Signature \*) \*) If sent by email, the sender's address will be accepted |