|  |  |
| --- | --- |
| **1. Business partner’s full company name:** |  |
| **2. Business partner’s short company name:** |  |
| **3. Street name, building number/apartment number:** |  |
| **4. City:** |  |
| **5. Postal code:** |  |
| **6. Country:** |  |
| **7. Voivodeship/Province:** |  |
| **8. Tax identification number (NIP)/  National identification number (PESEL):** |  |
| **9. Statistical identification number (REGON):** |  |
| **10. Phone number:** |  |
| **11. E-mail:** |  |
| **12. Website:** |  |
| **13. Contact person:**  (name and surname, phone number) |  |
| **14. Company’s status:**  | Choose. |
| **15. Company registration number (KRS) or certificate of entry into the Business Activity Register**  (number, issued by) |  |
| **16. Certificate of the Quality, Safety and Environment  Management System (SZJiBŚ):**  | [ ]  *I CONFIRM I HAVE THE SZJiBŚ CERTIFICATE* |
| [ ]  *I CONFIRM I DON’T HAVE THE SZJiBŚ CERTIFICATE* |
| *THE CERTIFICATE IS VALID UNTIL:* |
| **17. Certificate of the Allied Quality Assurance  Publication (AQAP)**  | [ ]  *I CONFIRM I HAVE THE AQAP CERTIFICATE* |
| [ ]  *I CONFIRM I DON’T HAVE THE AQAP CERTIFICATE* |
| *THE CERTIFICATE IS VALID UNTIL:* |
| **18. Certificate of the Factory Production Control (ZKP):**  | [ ]  *I CONFIRM I HAVE THE ZKP CERTIFICATE* |
| [ ]  *I CONFIRM I DON’T HAVE THE ZKP CERTIFICATE* |
| **17. Civil liability insurance (OC):** | [ ]  *I CONFIRM I HAVE THE* *OC INSURANCE*  |
| [ ]  *I CONFIRM I DON’T HAVE THE OC INSURANCE* |
| **18. Number of employees:** |  |
| **19. References (selected), list of finalized investments:**  |  |
| **20. Territorial scope of activity:** |  |
| **21. Abroad:** |  |
| **22. Company’s category:** | Choose. |
| **23. Description of company’s business activity:** |  |

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date and signature of an authorized person