**Client Information Form for RCS/ GRS V4 Certification**

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| 1. Name of Client in English Please provide full name of company.  |  |
| Name of Client in local language |  |
| Address in English |  |
| Address in local language  |  |
| Client’s reference or contact name  |  |
| Contact phone no.  |  | Fax  |  |
| Email  |  |

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| 2. Manufacturing Site (of the products to be certifiedPlease provide full name of factory  |  |
| Name of Manufacturing Site (of the products to be certified) in local language  |  |
| Address in English  |  |
| Address in local language  |  |
| Primary site contact name  |  |
| Contact phone no.  |  | Fax |  |
| Email |  |

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|  3. SERVICE REQUESTED:  [ ]  RCS certification – new application [ ]  GRS V4 certification – new application  |
| [ ]  RCS renew , if yes, provide the following information: Existing certificate no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification Body for issuing the certification :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Products that have been certified :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Noting percentage of Claimed Material:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of original certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of most recent certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry date of current certification :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of any subcontractors used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Processes/activities of any subcontractors used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pls attach latest assessment report/certificate if there were)[ ]  GRS certification – renew, if yes, pls provide the following information: Existing certificate no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification Body for issuing the certification :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Products that have been certified :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Noting percentage of Claimed Material:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of original certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of most recent certification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry date of current certification :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of any subcontractors used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Processes/activities of any subcontractors used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pls attach latest assessment report/certificate if there were) |

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| **4. Client information**  |
| **Total number of employees:**      **Number of Production shifts**:      Same Process on all shifts?[ ] Yes [ ] No | **Number of employees in 1st shift**     **Number of employees in 2nd shift**      **Number of employees in 3rd shift**       | **Number of Non-rotating shifts：**      |
| **Number of employees in production:**      **Number Line operator(s):**       | **Number of employees in laboratory:** | **Number of employees in packaging:****Number Line operator(s):**       | **Number of employees in storage:**       |
| **Number of production lines:**       |
| **Size of facility:** Facility size (in m²)：     Area production falling within the certification scope (in m²):      Raw material storage area (in m²):      Finished products storage area .(in m²):     Where appropriate, size of in-house laboratory (in m²):       |
| Is the company certified against another standard/regulation?[ ] Yes [ ] NoIf yes, which one?       |
| Are some activities outsourced? [ ] Yes [ ] No |
| [ ] Production | [ ] Control  | [ ] Storage | [ ] Shipment |
| If yes, please specify below (Name of subcontractor, Location, Activity performed, Certification)      |

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| **Multiple location Information (where applicable)** |
| [ ]  Multiple location (Separate certificates) 1. Each site is subject to a certification 2. Is the management system documentation the same on all sites? [ ] YES[ ] NO3. Are all the sites close to each other? [ ] YES[ ] NO4. Are major product realization and management processes performed at one site  (i.e. no duplication of major processes between sites)?: [ ] YES[ ] NO |
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| Address of site concerned by certification | Activities site  | # of employee.  | # of Shifts |
|      |      |      |      |
|      |      |      |      |
|      |      |      |      |

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| Client has the following certificates or report related to the manufacturing of the products to be certified:[ ]  SCS recycled content verification Audit[ ]  BSCI social audit[ ]  SA 8000 audit [ ]  Worldwide responsible accreditation program(WRAP) audit[ ]  Any standard approved against the GSCP social reference code audit[ ]  Any standard approved against the GSCP environmental reference requirement audit[ ]  Global Organic Textile Standard audit[ ]  Oeko-Tex SteP Social responsibility requirements audit[ ]  Oeko-Tex SteP Environmental performance requirements audit |

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| 5. ARTICLE / PRODUCTS TO BE EVALUATED: (Article(s) name and short description of type of materials used, manufacturing process, chemical inventory and SDS of each chemical etc.)If applicable, please submit Appendix 1 - Reclaimed Material Declaration Form and Appendix 5 - GRS Chemical Use Declaration Form which are from GRS V4 standard. |

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| 6. DESCRIPTION OF CLAIMS: (Describe the claims you would like to make in the product/article, for instance 100% post consumer recycled content,…) |

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| 7. COMMUNICATION: (Describe if you intend to communicate the certified product through labels on product, communicate about product on commercial leaflets, website, point of sales or any other mean) |

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| 8. CLIENT’S STATEMENT: |
| We hereby apply for GRS V3 certification. We have read and understood the information contained in the Program Guide and certify that all statements made and information given in this form are true to the best of our knowledge and belief.We confirm and understand that acknowledgment of this form would be part of the contractual agreement between Intertek and the company undersigned. We have read the Intertek General Terms and Conditions of Services (PRC) on [http://www.intertek.com.cn/uploads/documents/Intertek\_Standard\_TC\_(for%20PRC).pdf](http://www.intertek.com.cn/uploads/documents/Intertek_Standard_TC_%28for%20PRC%29.pdf). With the signature and company stamp on this form, we are committed and agree to the responsibilities and liabilities in the Terms under this agreement and Intertek General Terms and Conditions of Services (PRC) /We declare that articles from all multiple manufacturing sites (if any) are identical. We declare that all the required documents are attached to this Client Information Form. We understand that our certification application will be delayed in the event the required documents are insufficient. We also note that payment is non-refundable, that is, payment is due regardless of the outcome of application.In the event of any difference in interpretation between the English and Chinese versions of this contract for the Terms and Conditions, the English version takes precedence. |
| Name of company:  | Company’s Registered Seal/Stamp:  |
|  |  |
|  Authorised signature:  |
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| Name and Title of the Signatory: |  |
| Date:  |   |
| **Knowingly making a false statement on this application will lead to the termination of the Certificate of Conformity for GRS V3.** |

**For your information:**

1. The agreement/quotation will be sent to you within a maximum of 2 weeks after reception of this Client Identification Form.
2. The agreement/quotation is valid for 6 months after its issuance.

**Intertek internal use only**

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| Evaluation of required man days: Pre-audit:      man days.Initial Audit:       man days.Surveillance:       man days.Signed by:       |
| Recommended number of man days:       |