**Request for quote/Application Form**

**Responsible Supply Chain Audits/ ESG audits**

(Second-Party Audits)

For BM Certification to prepare an accurate quotation, and to prepare our auditor(s) for the assessment of your supplier/s please provide as much detail as possible to help us understand your business and applicable requirements. If you require clarification about any questions in this form, please contact your local BM Certification office.

|  |
| --- |
| **Name and contacts of the applicant** |
| Organization name |  |
| Legal address |  |
| Physical address |  |
| Scope (type of activities) |  |
| Contact person, position |  |
| Contact details, e-mail, phone number |  |
| **Supplier information for supply chain audit (ESG audit)** |
| Supplier name |  |
| Please describe the scope of activities/processes, products and/or services provided by the supplier |  |
| Physical address  |  |
| Total number of employees  |  |
| Information on locations (if supplier has more than one location): |
| **Site type** | **Physical address** | **Approximate No of employees** |
| *Head office, production, staff accommodation, warehouse, temporary location, etc.)* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Other information |
| Please indicate your anticipated time frame for supplier audit: |  |
| Does your organisation have a specific checklist for supplier audit, which shall be used? | Choose |
| Was the supplier audited before? | Choose |
| *If yes, please provide the details (year of evaluation)* |
| **Comments** |
|  |

|  |
| --- |
| Declaration |
| I confirm that I am an authorized representative of my organisation and that the information I have provided within this form is correct on the date of completion. |
| **Application completed by** |  | **Date of completion** |  |