

Basic Data SEDEX



Reference Number:	Date:	Your DQS CFS Contact Person:
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Contact Person

Titel, first name, name

Function

Telefon/ Fax

Name of the organisation

Street

Country/ zipcode/ - *Postbox*

E-Mail

Internet-homepage

VAT. Ref No.

Current certificates

Company scopes

Products / services

Certification according to

Audit type

2-Pillar

4-Pillar

Customer requirements?

Yes

No

If yes, who?

Sedex Database upload?

Yes

No

Essential environmental aspects

Essential hazards

Total number of employees

Of these, female:

-

Of these, male:

Comments and remarks
