

AIB International Inc.
P.O. Box 11
Leatherhead, Surrey KT22 7YZ
TEL: +44 1372 360553
FAX: +44 1372 361869
foodsafety.aibonline.org



FOR OFFICE USE ONLY

Plant # _____
Region: _____ # of Days: _____
Auditor: _____ Code: _____

PLEASE TYPE THE INFORMATION IN THE SPACES PROVIDED

Do you wish to receive a programme information packet? (if yes, please mark box)
Information on audit costs, criteria (i.e., Consolidated Standards): training materials, etc.)

NEW BUSINESS RECORD INFORMATION

NAME OF PERSON COMPLETING THIS FORM:

NAME OF COMPANY TO BE INSPECTED:

PHYSICAL ADDRESS OF COMPANY TO BE INSPECTED:

STREET #1

STREET #2

CITY, STATE

ZIP CODE OR POSTAL CODE

COUNTRY

MAILING ADDRESS OF COMPANY TO BE INSPECTED:

STREET #1 OR PO BOX

STREET #2

CITY, STATE

ZIP CODE OR POSTAL CODE

COUNTRY

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

COMPANY VAT NO:

WHAT TYPE OF FACILITY IS THIS?

(Products produced: bread; pet food; boxes; packaging film; etc. or is it a flour mill, distribution centre, etc.)

WHAT SIZE IS THIS FACILITY?

(Square Footage/Square Meters)

SUPPLIER TO?

(Name of company(s) that facility supplies that require a third party audit. **PLEASE BE SPECIFIC**)

PLEASE SPECIFY TIME FRAME OF AUDIT

(Month (January, April, October, etc.);

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Processing Season, etc.) _____

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OF AUDITS PER YEAR: (1,2 or more)

(Audits will occur on a yearly basis until AIBI is notified to discontinue.)

IS THIS AUDIT

ANNOUNCED:

(**ONLY** the notification person listed below will be informed of the audit date.)

UNANNOUNCED:

(Audit date will **NOT** be provided to **anyone.**)

NOTIFICATION PERSON NAME & TITLE

If audit is announced, who should be informed of the date of the audit? If audit is unannounced, please list a primary contact for audit. (include mailing address, phone/fax #s, e-mail address if different from above):

FACILITY CONTACT NAME & TITLE:

WHO IS RESPONSIBLE FOR THE INVOICE?

(Include name, title, mailing address, phone/fax #s, e-mail address if different from above.)

PURCHASE ORDER #

(**MUST** be included if YOUR company requires a PO# to pay the invoice.)

WHO WITHIN YOUR COMPANY SHOULD RECEIVE A COPY OF THE REPORT?

(Include name, title, mailing address & phone/fax #s if different from above. Also include e-mail address)

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METHOD OF RECEIVING REPORT:

- E-mail OR
 First Class Mail / Courier

PLEASE INDICATE E-MAIL ADDRESS TO BE USED:

PLEASE LIST ANY CUSTOMER(S) THAT SHOULD RECEIVE A COPY OF THE AUDIT REPORT. AN AUTHORIZATION FORM FOR EACH CUSTOMER LISTED WILL BE SENT TO THE NOTIFICATION PERSON INDICATED ON THIS FORM. THE AUTHORIZATION FORM MUST BE SIGNED AND RETURNED TO AIBI BEFORE THE AUDIT REPORT WILL BE SENT TO YOUR CUSTOMER.

COMPANY NAME AND LOCATION AS YOU WANT IT TO APPEAR ON CERTIFICATE:

Company Name: _____

City, Country: _____

NEAREST AIRPORT TO FACILITY:

NAME OF LOCAL HOTEL WITH TEL & FAX NO:

All personal information provided on this form will be stored and only disclosed in accordance with relevant data protection legislation. Any person (s) listed in the above sections has/have the right to access relevant personal information held by AIB International. In the event that any of the personal information is or becomes incorrect, then the relevant person may request AIB International to amend such information.

For the purposes of data protection legislation, the data controller of any personal data processed as a result of processing or storage of this form is AIB International

From time to time we may wish to make available information and promotional offers to your organisation/company via the contact details provided above. Please tick this box if you do not want AIB International to use your personal information for this purpose.