



APPLICATION FORM FOR CERTALARM MARK

CERTALARM -
the Quality Mark
for Fire
& Security

1) Company Name:
2) Street/Nr:
3) ZIP: City: Country:

4) Company Tel: Fax:
5) Contact person for certification: Title:
Direct Tel: E-mail:
5) QMS manager:
Direct Tel: E-mail:

1) Invoicing address (Company name, address, contact name, e-mail, tel):
.....
.....
VAT number:

On behalf of the company,

I acknowledge and accept the CERTALARM rules and relevant costs and fees.

Name, title and signature of the authorized person:

Please send this form to CERTALARM General Manager, anja.kinsky@certalarm.org

The registration fee is 1.524,00 €, which should be submitted to the CERTALARM bank:
ING, IBAN: BE03363066236084, BIC: BBRUBEBB
Woluwe-Saint-Pierre – Val d'Or, Avenue de Tervuren 270-272, BE-1150 Bruxelles, Belgium
Tel: +32 (0) 2 761 10 60, Fax: +32 (0) 2 761 10 68, Email: woluwe.sp-valdor@ing.be

CERTALARM APPLICATION APPROVAL

YES

NO: motivation