



QAP Supplier Application Form

This questionnaire will help us understand your business.

Please send your completed form to edana.gap@bsigroup.com to request a quote for QAP audits.

1. Type of Audit	
Audit type:	<input type="checkbox"/> First QAP audit <input type="checkbox"/> Subsequent QAP audit <i>(You already have access to BSI Connect Portal)</i>
Preferred Audit Date Range 1 (*):	From _____ To _____
Alternative Audit Date Range 2 (*):	From _____ To _____
Consent for Observer participation	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(in case a trainee auditor accompanies the lead auditor)</i>
Do you agree to have your (group) company name on the list of suppliers that have participated in QAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for QAP as per request from your client / converter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention the relevant converter

(*): The date range between start and end date should not be less than 30 days. Please express at least 2 preferences

2. Site details (or main site in case of multisite operation):	
Company Name:	
Address:	
Country:	
Is the Company part of a Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention the name of the group
Primary contact or Facility Representative, name:	
Telephone Number:	
E-mail address:	
Facility Business License / Permit Number:	Year of Facility Established:
	Facility Business License/Permit Number: (If available)
Product(s) dedicated to Personal Hygiene Industry	Like diapers, menstrual care, components etc



Describe Operations / Production Processes for products in scope of the audit			
Total Number of Employees:		Of which dedicated to AHP	
Main Language of employees:	Production Workers:		
	Staff and Management:		
Total number of Buildings & respective floor Area on the same production site:	Production:		Sq. Meters
	Dormitory:		Sq. Meters
	Warehouse:		Sq. Meters
	Other (please specify):		Sq. Meters
Number of Buildings that are in scope of QAP audit & Floor Area:	Production:		Sq. Meters
	Warehouse:		Sq. Meters
	Other (please specify):		Sq. Meters

Additional production sites or warehouses to be included in the audit of the main site (applicable only in case of multisite facilities with shared processes, data and based in the same Country)

Note: please, copy and paste this table in case there are more additional sites or warehouses

Site Indication/Name:			
Address:			
Country:			
What operational processes do take place:			
Number of Employees:			
Distance from the main site (km)			
Is this additional site subject to the same QAM system as the main site? (yes / no)			
Describe the operations on the site that are in scope of the audit.			
Number of Buildings & Floor Area:	Production:		Sq. Meters
	Warehouse:		Sq. Meters
	Other:		Sq. Meters



3. BSI Connect Portal Administrator (if different from facility Representative contact) *

See definition in the below table

Title (Mr/Mrs/Ms):		Full Name:	
E-mail address:		Telephone Number:	
Corporate access of the BSI Connect portal required (view only)?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following details:	
Title (Mr/Mrs/Ms):		Full Name:	
E-mail address:		Telephone Number:	
Corporate access of the BSI Connect portal required (with operational functionalities)?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following details:	
Title (Mr/Mrs/Ms):		Full Name:	
E-mail address:		Telephone Number:	

*	<i>Definition</i>
Site	specific location of the site to be audited.
Node	summary of all locations of a specific client
Suppliers Information	<ul style="list-style-type: none"> - send comment to auditor before the audit - overview of suppliers who have approved request - access to upcoming and completed audits - access to findings raised - access to status of any CAP
Admin Site	<ul style="list-style-type: none"> - access Portal - overview planning status of site - create other admins for same site - accept/reject request from Convertor - access to reports Edana and download them - overview NCs - submit CAP
Admin Node	for all sites of Node: <ul style="list-style-type: none"> - access Portal - overview planning status - access to reports Edana - overview NCs
Convertor	<ul style="list-style-type: none"> - request access to Suppliers Information



Corporate	for all sites they request: - access Portal - overview planning status of site - create other admins for same site - accept/reject request from Convertor - access to reports Edana and download them - overview NCs - submit CAP
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4. Payer – Invoicing Details			
Company Name:			
Address:			
Contact Person 's Name/Title:			
E-mail address:		Telephone Number:	

Remarks:

- (1) If there are changes to any of the above information, inform BSI immediately by sending an updated form via email.
- (2) No benefits of any kind shall be offered to any BSI staff or representatives.
- (3) BSI is only authorized to issue and distribute audit report according to the applicable audit programme requirements. If the auditee is not entitled to a copy of the audit report but wishes to have a copy, the auditee shall obtain the relevant written permission and provide it to BSI.

Confirmation by Auditee:

We confirm that the information above is accurate.

X

Authorized Signature and Company Stamp

Name and position:

Date: