**APPLICATION FORM – PETERSON CONSULTANCY**

Please complete this form as fully as possible and return it to Peterson Consultancy. We will be able to provide you with an offer, and discuss the best way of moving forward towards providing the specified services.

***Instructions to applicant / client:***

1. *Kindly complete the application form*
2. *Print a copy of the completed application form and sign the client Declaration (see final page)*
3. *Scan the completed application form with the authorized signatory’s details and signature*
4. *E-mail this document to Peterson Consultancy (*[*enurhadi@onepeterson.*](mailto:bagauri@onepeterson.)*com) to receive an offer letter*

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| --- | --- | --- |
| **Project/Client Information** | | |
| Organisation Name | : |  | |
| Site Address | : |  | |
| Postcode / Zipcode | : |  | |
| Country | : |  | |
| Office Contact No. | : |  | |
| Office Fax No. | : |  | |
| NPWP / VAT No. | : |  | |
| Company Website | : |  | |

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| --- | --- | --- |
| **Primary Contact Person Information (the person responsible/in-charge)** | | |
| Contact’s Name | : |  | |
| Position / Title Held with the Company | : |  | |
| Office Direct Line No. | : |  | |
| Mobile No. | : |  | |
| E-mail Address | : |  | |

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|  | **Applying Details:** | | | | |
|  | | Applying for the first time |  | |
|  | | Indicate changes if you are already a Peterson Consultancy client | |
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|  | **Please describe the desired scope of consultancy:** |
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| **Please provide details regarding location and travel logistics for the above** |
| *(For example: Nearest airport. Distance and time required from the airport and time between locations).* |

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| **Company information** | | | | |  | | | |
| *Please describe in a few sentences what your company does.* | | | | | | | | |
|  | | | | | | | | |
| *Please describe the specific products / processes that are part of the main activities of your company* | | | | | | | | |
|  | | | | | | | | |
| *How many people work in your company?* | | | | | | | | |
| <10 Employees | 50-150 Employees | >1000 Employees |  | | | | | |
| 10-50 Employees | 150-1000 Employees |  |  |  | |
| *What was your financial turnover over in previous year?* | | | | | | | |
| <500K Euro | 1-5 Million Euro | >25 Million Euro |  | | | | |
| 0.5-1 Million Euro | 5-25 Million Euro |  |  |  | |  |  |

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| **Processing units and product handling sites (if applicable)** | | | |
| *Please describe below the activities of all processing locations as part of your company that may be included in the scope of this consultancy project.(please add lines if required)* | | | |
| Name unit | Address and country | Activities of the site  (e.g. trading / production / processing) | Product type  (I.e. raw, semi-processed, processed etc. ) |
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| **Current certification programmes in place (if applicable)** | | | |
| *Please describe the quality programs that are already in place in your organisation (e.g. ISO / Food Safety / Sustainability Programs)* | | | |
| Name Programme | Certified by: | Year | Processes / Products involved |
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| **Any additional comments by the applicant company** |
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| **Desired timeframe for consulting service** |
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| **Applicant / Client Declaration** | | |
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| I, the undersigned, being an authorised signature of the organization, confirm that this Application Form has been filled out truthfully and shall be used as an integral part of the agreement between Peterson Consultancy and the Client.  I declare that the information given in this application is complete and accurate and request an offer to potentially carry out consultancy services. | | | |
|  |  |  |
| Name | : |  | |
|  |  |  |
| Position | : |  | |
|  |  |  |
| Signature | : |  | |
|  |  |  |
| Date | : |  | |