

ECOGRUPPO ITALIA SRL	INFORMATION REQUEST SHEET	MD COSM 018 Rev. 00 29/07/2010
		Page 1 di 1

IN ORDER TO RECEIVE TECHNICAL DOCUMENTATION AND COST ESTIMATE, PLEASE FILL IN (IN BLOCK LETTERS) THE FOLLOWING FORM, SIGN IT AND SEND IT BACK TO:

- **BY MAIL:** ECOGRUPPO ITALIA S.R.L. – VIA PIETRO MASCAGNI, 79 - 95129 CATANIA
- **BY EMAIL:** : info@ecogruppoitalia.it
- **BY FAX:** +39 095 746 53 42

Company master data (Name and address)			
Ph.:	Mobile Ph.:	Fax:	e-mail:
Responsible for the relation with the control body		Qualification	
Ph.:	Mobile Ph.:	Fax:	e-mail:
Class of activity	<input type="checkbox"/> Raw-materials Production	<input type="checkbox"/> Cosmetics Production	<input type="checkbox"/> Trading <input type="checkbox"/> Other _____
Type of production	<input type="checkbox"/> Organic and/or Natural	<input type="checkbox"/> Organic and/or Natural and Not Organic	
No. of Operation sites	(including storage facilities detached from the manufacturing unit)	No. of Employees	
Sub Contractor (To fill in if all or some operations are performed at 3 rd parties)	Type of operation	Name and Place	
No. of products submitted to certification		Category of products	
Requested Certification	<input type="checkbox"/> ECOSMETICA QUALITY (NATURAL)	<input type="checkbox"/> ECOSMETICA QUALITY (ORGANIC)	<input type="checkbox"/> NATRUE
Do you own other Ecogruppo Italia's certification? Which one?	<input type="checkbox"/> Organic Food (Reg.EU 834/07)	<input type="checkbox"/> Ecocleaning quality	<input type="checkbox"/> Packaging
	<input type="checkbox"/> Ecoresort	<input type="checkbox"/> Other _____	<input type="checkbox"/> None
Remarks (es.: any previous Control Body, other certifications, ecc.):			

ECOGRUPPO ITALIA S.r.l. guarantees the greatest care and confidentiality about the data shown in this form.

Date _____

Applicant Signature _____

Signature of ECOGRUPPO ITALIA S.r.l. _____