

Supplier / Customer information

Name of supplier / customer			
Street			
ZIP/postal code, place			
Phone			
Mobile number			
Fax			
Website			
CO. registration number (Chamber of Commerce) // place of registration			
TAX / VAT number			
Bank details:			
Name of bank			
IBAN			
BIC (SWIFT) code			
Amount of liability insurance*	€		
Date of Expiry / Valid until			
EU approval number (not applicable for Non-EU)			
Contact persons	Name	Phone	Email
• Director / Owner			
• Sales			
• Logistics			
• Accounting			
• Quality			

*Please send us a copy of your certificate

1. Contact person in case of emergency

Name**	Job title	Phone / Mobil number

**Emergency contact (24/7) is requested for recalls & severe quality incidents



Version date	14.08.2017
Version	1.0
Page	Page 2 of 3
Inquiry form supplier food	

2. Products supplied to Laktopol

Acid Casein		Milk powder	
Sodium Caseinate		Lactic Butter	
Sweet Cream Butter		Other please specify	
Sweet-Whey powder			
Liquids			
Do you have own transportation options?			
Do you use a QR-code / barcode scanner?			

3. Quality management systems (QMS): for example ISO22000 / BRC / QS etc.

Quality standard (Please attach a copy of the valid certificate)	Valid until

Continue with question 6 when question 4 could be answered, please continue with question 5 when no certified QMS system is in place.

4. HACCP manual

Do you have a HACCP manual?***	
--------------------------------	--

***If yes, please provide a copy of it.

5. Food defense & safety (TACCP)

Do you have a food defense plan (TACCP)?	
How do you arrange the security of your facilities?	
Please specify procedures	
How do you arrange access for staff, suppliers & visitors?	
Please specify procedures	
How do you prevent tampering by staff, suppliers & visitors?	
Please specify procedures	
How and how often do you train the employees regarding food defensee?	
Please specify procedures	



Version date	14.08.2017
Version	1.0
Page	Page 3 of 3
Inquiry form supplier food	

6. Information to be sent to Laktopol together with this form (if available)

Information / document	Available	Valid until
Product specifications		
Flow chart with CCP's (Critical Control Points)		
CCP		
Non-GMO declaration		
Allergen declaration		
Bisphenol A declaration		
Irradiation Statement		
Metal detection Statement		
Kosher certificate		
Halal certificate		
AEO		

7. Supplier declaration

I declare that I have read the complete document.

The questions are answered to my best knowledge.

I declare that Laktopol will be noticed on relevant changes or new information as soon as possible.

Date	
Name	
Job title	

Signature

Company stamp