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### Supplier information / Customer


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

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## 2. Products supplied to milkpartners

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?***	
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\*\*\*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 defense?	
Please specify procedures	

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**6. Information to be sent to milkpartners 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 milkpartners will be noticed on relevant changes or new information as soon as possible.

Date	
Name	
Job title	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company stamp