

<i>Client Questionnaire</i>	
<i>General Information</i>	
Type of Work Requested:	
Full Legal Name of Organisation	
Trading Name	
NZBN	
Company Postal Address	
Site Address (if different from Postal Address)	
Contact Person	Position
Contact Phone Number	Contact Email
Contact Person for Invoices	Contact Email for Invoices
Business Type (RMP Scope)	
<i>Type of Services Required</i>	
Verifications	Please indicate date required
Regulated Control Schemes (RCS)	Please indicate date required
Evaluation of RMP	Please indicate date required

Details (Please add sufficient detail for services required to allow allocation of resources)

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Other Information

Number of Sites (if applicable)	
Number of Production Lines (Manufacturing only):	
Start Date of Operations:	
Number of Staff:	
Day of Operations / Shifts:	
Seasonality of Production / Processing	

Verification Information:

Existing MPI Registration IDs / Approvals	
Export Yes / No:	
If yes, which Markets / Countries:	
Next Audit Due:	

**Comments / Other Relevant Information Other – Please Specify
(Any existing engineering or audit work/reports still outstanding, etc...)**

Non-Dairy Animal Products (Please specify the type of product)

Please send in electronic form to: RA@hill-labs.co.nz

With subject line containing: Request for services Company name