|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GENERAL APPLICANT DATA** | | | | | | |
| Company name : | | VAT n° : | | | | |
| Street/Nr : | | ZIP : | City : | | | |
| Country : | | Tel : | | | |  |
| Contact person: | | E-mail : | | | | |
| Title: | | Language:  French  Dutch  English | | | | |
| Street/Nr : | | ZIP : | | City : | | |
| Country : | | Tel: | | | Fax: | |
| Invoicing address: *(If not same address as mentioned in general applicant data.)*  Adresse de facturation:(Nom société, Rue, Code postal, Localité, Pays, Tél., e-mail, Personne de contact, Fonction, N° TVA) | | | | | | |
| I would like to receive the invoice by post | | E-mail : | | | | |
| Company name: | | VAT n° : | | | | |
| Street/Nr : | | ZIP : | | City : | | |
| Country : | | Tél : | | | |  |
| **TYPE OF INSTALLERS** | | | | | | |
| **FIRE PREVENTION (BOSEC, ANPI)**  Installer automatic fire detection systems (BOSEC FD E)  Installer smoke/heat evacuation systems (BOSEC HSE E)  Installer automatic fire extinguishing systems \*(BOSEC EX E)  Installer fire-resistant transits \* (BOSEC FRS E)  Authorized technicians (ANPI)\*  *Note: \* activity out of BELAC accreditation* | | **INTRUSION PREVENTION (INCERT, S3)**  Installer building alarm systems (INCERT ID E)  Installer car alarm systems (INCERT VT E) \*  Installer videosurveillance systems (INCERT VSI E) \*  Distributor videosurveillance systems (INCERT VSD E) \*  Monitoring centers (INCERT ARC E)  Locksmiths (S3) \* | | | | |
| **ADDITIONAL INFORMATION** | | | | | | |
| My company is already certified by ANPI in another domain under the number …  My company is already certified or was certified by another body for the requested domain under  the number … | | | | | | |
| **REQUEST** | | | | | | |
| Provide me a quotation  Contact me for further details | | Immediately available for audit  Available for audit as from: ……………………………………… | | | | | |
| **APPLICANT'S DECLARATION** | | | | | | |
| **The applicant declares that all the information given in this form is correct and exhaustive.**  *Note: sign in this section.* | | | | | | |
| Date : | Signature of authorized representative | | | | | |
| First Name, Name : | Title: | | | | | |
| This duly filled in and signed off quotation request *(hard copy by mail or e-scanned copy by e-mail)*  has to be sent to :[sales@anpi.eu](mailto:sales@anpi.eu). Our general conditions are applicable and available on our website. | | | | | | |