# **GENERAL**

Thank you for your interest in TÜV SÜD Medical & Health Services. Please complete this application form with the requested information. The signed application including all applicable appendices shall be submitted as a read-only pdf-file to your contact person at TÜV SÜD Medical & Health Services.

|  |  |
| --- | --- |
| **Application identification:** | Please enter unique identification including revision index. Please use the same identification on each appendix provided with this submission |

## **Certificate Holder**

Please provide the information of the Certificate Holder:

|  |  |  |
| --- | --- | --- |
| **Company name:** | | Full company name incl. legal form |
| **Address** | **Street name & number:** | Street name & number |
| **City:** | City or place of business |
| **Postal Code:** | Postal/Zip code |
| **Country:** | Country of business |

## **TÜV SÜD Product Service GmbH**

|  |  |
| --- | --- |
| **Certification Body:** | TÜV SÜD Product Service GmbH |
| **Address:** | Ridlerstraße 65, 80339 München, Germany |
| **Website Address:** | www.tuvsud.com/ps |
| **Contact Phone:** | +49 89 5008-40 |
| **Contact E-Mail:** | medical\_devices@tuvsud.com |

# **APPLICATION**

Please select applicable type of application:

|  |
| --- |
| Please select.  including Republic South Africa QMS ISO 13485 |

Please provide a contact person for this application:

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** | Please enter first name. | **Phone:** | Please enter contact phone. |
| **Last Name:** | Please enter last name. | **E-Mail:** | Please enter contact E-Mail. |
| **Function:** | Please enter function of the contact person. | | |

**Appendices to this application**

Further details on facilities and suppliers are provided in Appendices A/B/C, which are mandatory to complement this application. Where relevant[[1]](#footnote-2) additional information or references to documents can be added in the table below.

|  |  |  |
| --- | --- | --- |
|  | **Appendix A/B/C** Details on Facilities and Suppliers | Current version is part of this application |
|  | **Supplementing Information:**  Further documents and information: | *Provide reference number of the document(s) and/or further information as comment* |

# **APPLICATION STATEMENT**

The undersigned further accepts the [General Terms and Conditions](https://www.tuvsud.com/de-de/ueber-uns/unsere-gesellschaften/product-service/geschaeftsbedingungen?vanity-URL=empty) of Business of TÜV SÜD Product Service GmbH and the [Testing, Certification, Validation and Verification Regulation](https://www.tuvsud.com/de-de/ueber-uns/unsere-gesellschaften/product-service/geschaeftsbedingungen?vanity-URL=empty) of the TÜV SÜD Group, which, in accordance with the submitted quotation, form the basis of this contract. Applicants that do not yet have the status of partners in the certification scheme of TÜV SÜD Product Service GmbH will automatically become partners in this scheme upon certificate issue.

The undersigned confirms that to its best knowledge all details provided in this application are correct and complete. It also affirms the presence of adequate infrastructure to facilitate the use of Information and Communication Technology for conducting audits or assessments.

|  |  |
| --- | --- |
| Name and Function of the undersigned: | Please enter full name and function of the undersigned. |
| Employer of the undersigned: | Please enter e.g. manufacturer or authorized representative. |
| Signature: |  |
| Place: please enter Place | Date: Please select a date. |

1. e.g. TÜV SÜD Product Service GmbH provides certificates in various languages. The legally binding certificate can be issued in either German or English. Translations into other European languages are available upon request. [↑](#footnote-ref-2)