

APPLICATION FORM

SNA-KEURMERK

This section will be completed by the Dutch Labour Standards Foundation (Stichting Normering Arbeid)

Registratienummer onderneming

Opname Register

Nummer contactpersoon

Opname Overzicht aangemelde ond.

Volmacht aanwezig

Recent Bedrijfsprofiel KvK aanwezig

Return to:

Stichting Normering Arbeid | Postbus 4076 | 5004 JB Tilburg
E-mail: info@normeringarbeid.nl | I.: www.normeringarbeid.nl | Fax: 013 - 5944748



Company data

Company name
(legal name)

Visiting address

Postal code

City

P.O. Box

Postal code

City

Country

Telephone number

Fax number

Email address

Internet

Data contact person

Surname

Initials

Title(s)

Function

Telephone number

Email address

Data company director

(Sur)name

Initials *

City

Country

* if applicable



Specific data

Number Chamber of Commerce

Country of origin (abstract < 3 months old)

Number Dutch Chamber of Commerce*

(abstract < 3 months old)

SBI-code(s) Dutch Chamber of Commerce*

* **Dutch** Chamber of Commerce for Dutch companies or if a foreign company deploys staff in the Netherlands

Legal entity (e.g. Ltd, GmbH, SA)

Number of branches *

* if applicable: please provide us with the address(es) of the branch(es) on a separate form

Statutory payroll tax numbers / sub no.

VAT number / sub no.

Number fiscal unity

(if applicable)

Administration office (name / city)

(if applicable)

Member association (name)

The inspections are performed by:

- | | |
|-------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="radio"/> Bureau Cicero ^{1), 2)} | <input type="radio"/> Qualitatis Inspectie BV ¹⁾ |
| <input type="radio"/> CLIB ²⁾ | <input type="radio"/> Safex Inspectie Instelling BV ^{1), 2)} |
| <input type="radio"/> Normec FLC ¹⁾ | <input type="radio"/> The Auditing Company BV ¹⁾ |
| <input type="radio"/> FlexSpect BV ^{1), 2)} | <input type="radio"/> Normec VRO ¹⁾ |
| <input type="radio"/> Kiwa Nederland BV ¹⁾ | |

¹⁾ Performs NEN 4400-1 inspections (Dutch companies)

²⁾ Performs NEN 4400-2 inspections (Foreign companies)

Company is active in the field of:

- ☐ Temporary work business
- ☐ Contracting / subcontracting

Sectors in which the company is active (more than one sector possible):

- | | | |
|------------------------------------|--------------------------------------|-------------------------------|
| <input type="radio"/> General | <input type="radio"/> Technical | <input type="radio"/> Medical |
| <input type="radio"/> Agricultural | <input type="radio"/> Administrative | <input type="radio"/> Meat |
| <input type="radio"/> Construction | <input type="radio"/> Industrial | <input type="radio"/> Poultry |
| <input type="radio"/> Cleaning | | |

Company wishes to have inspections performed on the basis of:

- ☐ NEN 4400-1 (Dutch companies)
- ☐ NEN 4400-2 (Foreign companies)

Undersigned requests the board of the Dutch Labour Standards Foundation (Stichting Normering Arbeid) to be entered into the Labour Standards Register of the Dutch Labour Standards Foundation (Stichting Normering Arbeid), after the assigned inspection body has performed a positive conformity assessment (inspection) on the basis of the Dutch Labour Standards Foundation scheme (SNA-schema NEN 4400-1 / -2).

Undersigned is aware that the company, as long as it does not possess a positive inspection result based on the Dutch Labour Standards Foundation scheme (SNA-schema NEN 4400-1 / -2) granted by an inspection body that has been accredited by the Dutch Accreditation Council (Raad voor Accreditatie) and has a cooperation agreement with the Dutch Labour Standards Foundation (Stichting Normering Arbeid), will be listed in the "List of Notified Companies". Listing in the "List of Notified Companies" is possible for a maximum period of 3 months.

Undersigned will not be granted any rights to the filed application for registration and certification, as long as no official notice of the Dutch Labour Standards Foundation (Stichting Normering Arbeid) has been received. By placing your signature you are confirming to subject to the statutes and regulations of the Dutch Labour Standards Foundation (Stichting Normering Arbeid). Furthermore you are giving the Dutch Labour Standards Foundation (Stichting Normering Arbeid) permission to verify the data provided by you and you are declaring to pay the due contributions after receipt of the invoice within 14 days.

Undersigned agrees that in connection with correct registration and certification of companies and addressing any wrongdoing personal data (such as, data on sole proprietorships and partnerships) can be processed by SNA. In addition, at an inspection by an inspection body personal data of employees, directors and other persons engaged with the company may be processed. Undersigned also agrees that in case of a suspicion of wrongdoing and /or fraudulent conduct at the company, its employees, directors and other persons engaged with the company, the facts and circumstances that led to this presumption shall be transferred by the inspection body to the Labour Standards Foundation (Stichting Normering Arbeid), which can at all time notify the authorities. By submitting this application, the company declares that, if present, its employees, directors and other persons engaged with the company will be informed about this.

Granting a power of attorney for statements concerning tax declarations and payments of due income taxes and sales taxes is a part of the registration procedure. The **signed power of attorney** and a recent (not older than three months) **Company Profile from the Chamber of Commerce** and the **address(es) of branch(es)** should be returned together with the application form.

I declare to have filled out this form in honour and conscience, clearly, genuinely and unconditionally I declare to have taken knowledge of the rules of registration and agree with the provisions contained therein.

Name director

Date

Signature

Attachments:

- ☐ Power of Attorney
- ☐ Company Profile from the (Dutch*) Chamber of Commerce (not older than 3 months)
- ☐ Address(es) branch(es)

* **Dutch** Chamber of Commerce for Dutch companies or if a foreign company deploys staff in the Netherlands

POWER OF ATTORNEY

For statements concerning tax declarations and payments of due statutory payroll taxes and VAT

Herewith declares

Company name

Located in

Statutory payroll tax no.*

VAT no.*

** including sub-numbers!*

Number fiscal unity*

** if applicable*

to grant the power of attorney to the Dutch Labour Standards Foundation (Stichting Normering Arbeid), located in Tilburg, to periodically request the recipient of the Tax Department for a statement concerning the tax declarations and payments of the due statutory payroll taxes and VAT by

.....
(company name) and to take notice of this statement. It concerns a request in the sense of article 67, lid 2, letter c General Law on the subject of Government taxes (Algemene Wet inzake Rijksbelastingen).

This power of attorney is valid in the period during which the company is listed in the registry of the aforementioned Dutch Labour Standards Foundation (Stichting Normering Arbeid), unless the grantor of the power of attorney revokes this power of attorney on an earlier date.

The grantor of the power of attorney agrees that the aforementioned Dutch Labour Standards Foundation (Stichting Normering Arbeid) will inform the Tax Department B/CA about the end of registration and declares to be responsible himself for revoking the power of attorney on an earlier date. The grantor of the power of attorney who revokes the power of attorney on an earlier date does so by sending a notification in writing to the Dutch Labour Standards Foundation (Stichting Normering Arbeid) and a copy at the same time to the Tax Department: Belastingdienst Centrale Administratie, attn. Bedrijfsbureau C.I.V. Kamer 2.48, Postbus 9053, 7300 GR Apeldoorn.

Grantor of power of attorney,

Signature

city and date:

Company director:

.....

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Form Collective Labour Agreement, Pension and Social Fund

1. Company data

Company name
(legal name)

Visiting address

Postal code

City

P.O. box

Postal code

City

2. Data contact person

Surname

Initials

Function

3. Data concerning Collective Labour agreement (CAO) / Pension / Social Fund

3.1 CAO applies
(tick as appropriate)

☐

Yes, name CAO:

☐

No

3.2 Participation in a
pension fund
(tick as applicable)

☐

Yes proceed to question 3.3

☐

No proceed to question 3.4

☐

Exemption obtained (add copy)

3.3 Name pension fund

Account number

Account number

Account number



**3.4 Participation in a
social fund**
(tick as applicable)

- ☐ **Yes** proceed to question 3.5
- ☐ **No** proceed to question 4
- ☐ **Exemption obtained (add copy)**

3.5 Name social fund

Account number

4. Specific data

When you ticked "No" on either question 3.1, 3.2 or 3.4 you need to answer question 4.1 to 4.6.

4.1 Does the company provide workers for the purpose of working under the supervision or direction of a third party? (tick as applicable)

- ☐ **Yes**
- ☐ **No**

4.2 Is there any contracting work performed, where the staff of the company operates under its own direction and supervision? (tick as applicable)

- ☐ **Yes**
- ☐ **No**

4.3 When you ticked "No" on question 4.1 and 4.2, give a description of the work carried out by the company:

4.4 In which sector (s) is the company classified according to the tax authorities (Belastingdienst)?

4.5 What type of work do the workers / employees perform?

4.6 Fill in the two sectors in which the company operates most and the total payroll percentage of the workers / employees that are active in these sectors.

Sector

Payroll percentage

Sector

Payroll percentage



Signing

By signing this form you agree:

- to have answered all the questions correctly, to your best knowledge, and in accordance with the truth;
- to give SNA permission to use the provided information (including any accompanying documents and other available information regarding the company);
- to immediately correspond any changes to the provided information to your inspection body by sending them a newly completed form.

Name company director

Date

Signature

We ask you to send a completed and signed form to the inspection body with whom you have a contract.