

Form Proof of minimum number of audits

Last name, first name:

Registered for certification body:

No.	Date	Sector/stage	Company	Type of audit (Programme audit, confirmation audit)	Scope/standard
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

No.	Date	Sector/stage	Company	Type of audit (Programme audit, confirmation audit)	Scope/standard
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

No.	Date	Sector/stage	Company	Type of audit (Programme audit, confirmation audit)	Scope/standard
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

No.	Date	Sector/stage	Company	Type of audit (Programme audit, confirmation audit)	Scope/standard
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

Date: _____

Signature of the responsible contact person of the certification body: _____