

## APPLICATION FOR MEMBERSHIP OF NORMPACK

### Criteria for membership in Normpack

#### Intention

- ☐ Our company intends to comply with the applicable rules in the Normpack Norm, regarding food contact materials (FCM).

#### Management system

*Companies working with food contact materials (FCM) shall comply with the requirements of GMP Regulation (EC) No 2023/2006. GMP stands for Good Manufacturing Practice. It states that entrepreneurs must have a quality system that includes quality assurance, quality control and documentation. The requirements apply to all stages of manufacturing, processing and distribution of materials and products. The quality system should be adapted to the company's size and place in the value chain.*

#### CHOOSE ONE OF THE FOLLOWING OPTIONS

- ☐ We have a certified quality management system name which: \_\_\_\_\_
- ☐ We have routines for documentation as well as resources for ongoing quality control of these routines
- ☐ We intend to establish quality management routines as soon as possible (within six months)
- ☐ Other answer: \_\_\_\_\_

#### Competence and resources

##### CHOOSE ONE OF THE FOLLOWING TWO OPTIONS

- ☐ We have designated FCM-competence with basic knowledge about the regulations, and whose task is to stay up to date within the area
- ☐ We intend to train a designated FCM-person as soon as possible (next Normpack course opportunity)

##### AND ALSO

- ☐ We have routines for replacing the designated FCM person if he/she resigns

#### Membership

We also certify that we understand the conditions for membership:

- ☐ We must pay the membership fee within the prescribed time
- ☐ We are aware that withdrawal from Normpack applies from the end of the same calendar year
- ☐ We are aware that failure to comply with the obligations towards Normpack may result in exclusion from Normpack

Normpack is a trade and industry group with office at

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Company:			
Org. VAT no:			
Postal address:			
Post code/City/ Country:			
Phone:			
Web site:			
<b>Contact person</b>			
Name:			
Phone direct:		Mobile:	
E-mail:			
<b>Invoice receiver (if other than contact person)</b>			
Reference name:			
Phone:		IO-no:	
E-mail			
Turnover:		No of employees:	
Packaging materials/products intended for foodstuffs:			

Place and date.....

.....  
Signature

.....  
Clarification of signature

Print the completed application, sign it, and send it to  
[normpack@ri.se](mailto:normpack@ri.se)

or by mail to  
Normpack  
c/o RISE  
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114 86 Stockholm  
SWEDEN