

UFI Standard Audit Certificate

Please provide one certificate per event

TO BE COMPLETED BY THE ORGANIZER

Organizer: _____

Name of the event: _____

Venue: _____

Date of the exhibition to be audited: from

D	D	

 /

M	M	

 /

Y	Y	

 to

D	D	

 /

M	M	

 /

Y	Y	

 /

Number of times that the exhibition has been organized previously: _____

Dates of the most recent previous editions, please indicate whether the editions were audited:

- From

D	D	

 /

M	M	

 /

Y	Y	

 to

D	D	

 /

M	M	

 /

Y	Y	

 - Audited: Yes No
- From

D	D	

 /

M	M	

 /

Y	Y	

 to

D	D	

 /

M	M	

 /

Y	Y	

 - Audited: Yes No
- From

D	D	

 /

M	M	

 /

Y	Y	

 to

D	D	

 /

M	M	

 /

Y	Y	

 - Audited: Yes No

TO BE COMPLETED BY THE AUDITOR

Registration system in place (with access control): Electronic Manual

Description of system: _____

TOTAL EXHIBITION SPACE	National (Domestic)	International	Sub-Total
Net indoor exhibition space in square metres			
Net outdoor exhibition space in square metres			
Total			

EXHIBITORS

Number of national (domestic) exhibitors ¹			
Number of international ² exhibitors ¹	Foreign:	Multinational:	Sub-Total:
Total			

¹excluding represented companies/indirect exhibitors

²international = foreign + multinational

VISITORS/VISITS	Visitors (1) <i>(to be counted only once)</i>	+ Repeat visits (2)	= Total number of Visits (3)
Number of national (domestic) visitors			
Number of international visitors			
Total			

Figure (1) or figure (3) is compulsory

AUDITOR DETAILS

Name of the auditing organization:	
Address:	Tel:
	Fax:
	Email:
	Website:
Name of the person who conducted the audit:	
Position:	Email:

DECLARATION

I/We, the undersigned, hereby certify that the information supplied on this form is correct. I/we agree to abide by UFI Rules and Standards (including the Code of Ethics).

I/we certify that this audit has been conducted in accordance with the "UFI Auditing Rules for the Statistics of UFI Approved Events".

Name: _____ Official Stamp: _____

Signature: _____

Position: _____

Email: _____

Date: |_|_| / |_|_| / |_|_|
D D M M Y Y