

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 being audited: |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
D D M M Y Y D D M M Y Y

Date of the next edition(if known): |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_|
D D M M Y Y D D M M Y Y

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

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

- From |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_| - Audited: Yes No
D D M M Y Y D D M M Y Y
- From |_|_|_|_| / |_|_|_|_| / |_|_|_|_| to |_|_|_|_| / |_|_|_|_| / |_|_|_|_| - Audited: Yes No
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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*	
Number of international exhibitors*	
*excluding represented companies/indirect exhibitors	
	Total

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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:	Direct Tel:
Email:	Direct Fax:

DECLARATION (by AUDITOR)

I/We, the undersigned, hereby certify that the information supplied on this form is correct. I/we confirm that we abide by UFI Rules and Standards (including the Code of Ethics) and certify that this audit has been conducted in accordance with the "UFI Auditing Rules for the Statistics of UFI Approved Events".

Name: _____ Signature: _____

Position: _____

Email: _____ Official Stamp _____

Date when audit was performed: |_|_| / |_|_| / |_|_|

(PLEASE PROVIDE AUDIT, AT THE VERY LATEST, 6 MONTHS AFTER THE END OF THE SHOW)

(V.10/19)