|  |
| --- |
| **Certification is requested for the following standard(s):** |
| **(ISO 9001)** |
| **SECTION 1: CLIENT INFORMATION** |
| Client organization name  |  | Contact person: |  |
| Number of sites/offices |  | Position in organization |  |
| Main address: |  | Contact No: |  |
| Addresses if more than one |  | Email:  |  |
| Website:  |  |
| Total # of Employees \* | Language(s) used  | # Shifts and pattern | # Of Emp./shift \* |
| SECTION 2: MANAGEMENT SYSTEM INFORMATION |
| Project Type: A. [ ]  Initial Certification B. [ ]  Change in Scope – Addition of Products/Services C. [ ]  Re-Certification D. [ ]  Change in Scope – Addition of Sites or Decrease of Scope |
| **Which of the following industries best describe your organization?**

|  |  |  |
| --- | --- | --- |
| □ Food / Beverage Products  | □ Health Services  | □ Automotive / Vehicle |
| □ Medical Products  | □ Hotels / Restaurants  | □ Chemical |
| □ Petrochemical | □ Business / Engineering Service | □ Computer Software  |
| □ Construction / Civil Engineering  | □ Finance / Insurance / Real Estate  | □ Drugs / Cosmetics |
| □ Other Processes (e.g. Glass) | □ Machinery / Metal Products  | □ Paper Products |
| □ Electrical/ Electronic / Computer  | □ Printing / Publishing  | □ Oil / Gas Extraction |
| □ Telecommunication  | □ Public Administration  | □ Distribution  |
| □ Transportation Services  | □ Agriculture  | □ Other:  |

 |
| If others,  |
| **SECTION 3: CERTIFICATION SCOPE AND OUTSOURCED PROCESSES** |
| **Scope of Certification:** *(Describe the specific processes, products, or services covered under this certification request, including any limitations or exclusions)* *Example: Quality management for manufacturing, distribution, and customer support.* |
| **Identification of Outsourced Processes Affecting Conformity to Requirements:** *(List any outsourced processes or services that could impact the organization’s compliance with ISO 9001 standards, and outline how these are managed)**Example: Outsourced logistics and warehousing services are monitored through regular audits and performance reviews.* |
|  **SECTION 4: CNSULTANCY INFORMATION** |
| **Has consultancy relating to the management system been provided?** Yes / No**If Yes, provide consultant's name and organization:**Consultant Name: \_\_\_\_\_\_\_\_\_\_\_\_Organization: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **GENERAL 5: GENERAL** |
| How did you hear about?[ ]  Another Company [ ]   Consultant [ ]  Magazine [ ]  Seminar/Webinar [ ]  Direct Mail [ ]  Website/Search Engine[ ]  Trade Show [ ]  Sales Call [ ]  Other (please specify):       |
| Form Completed By:  | Date: | Signature |
|  |  |  |