**ISO SYSTEMS Request Form (for Proposal)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Company:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** | | |  | | | | | | | | | | | | | | **Designation:** | | | | | |  | | | | |
| **Phone:** | | |  | | | | | | | | | | | | | | **Mobile:** | | | | | |  | | | | |
| **Fax:** | | |  | | | | | | | | | | | | | | **e-mail:** | | | | | |  | | | | |
| **Chief Executive (or equivalent):** | | |  | | | | | | | | | | | | | | **e-mail (CE):** | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Number of Employees in the activities to be Certified:** | | | | | | | | | | | | | | | |  | | | | | | | **No. of Shifts:** | | | |  |
| **Other Location Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Company Departments Details** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Products Details** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Sales Tax No. (If available)** | | | |  | | | | | | | | | | **NTN No.** | | | | |  | | | | | | | | |
| **Processes or Activities on** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Outsource Processes or Activities (If any):** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Scope of Certification:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Standard *(Please Tick)*:** | | | | |  | **ISO 9001:2008** | | | |  | **ISO 14001:2004** | | | |  | | | **ISO 22000:2005** | | |  | **OHSAS 18001:2007** | | |  | **ISO 27001:2005** | |
|  | | | | |  | **SA 8001:2009** | | | |  | **HACCP** | | | |  | | | **SEDEX** | | |  | **5S** | | |  | **Lean** | |
|  | | | | | **Other (please specify):** | | | | | | | | | | | | | | | | | | | | | | |
| **For ISO 9001:2008 please state any intended exclusions:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Quotation Required for** | | **Consultancy** | | | | | | | **Internal Auditing** | | | **Gap Analysis** | | | | | | | | **Training** | | | | **Consultancy & Certification** | | | |
|  | |  | | | | | | |  | | |  | | | | | | | |  | | | |  | | | |
| **Pervious Certificate (If any)** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| **Date & Sign of company authorized person** |  |