

**Note:** For preparation of a written quotation, we need information about your organization, products / services and staff. All information supplied by you will be treated in strict confidence. For our quick response, we request you to complete this questionnaire and return it by mail/fax to the address shown. Please use extra sheets wherever required.

**A. COMPANY DETAILS**

Name of Company \_\_\_\_\_  
Registered Office Address \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Name of the Chief Executive/MD \_\_\_\_\_ Mb. \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Mb. \_\_\_\_\_

Company Status (*Please tick*): Limited/ Private Limited/ Partnership/ Proprietary/ Any other

**Address & Manpower Details of Location to be covered under proposed certification: -**

	Location 1				Location 2			
Address								
Identify key activities performed in each location (e.g.- Design, Production / Manufacture, Quality Control, Purchase, Marketing/ sales , Maintenance, Store, HR etc)								
Shift Work?	Yes / No	If yes, Total No. of Shifts: _____						
Personnel	General Shift	Shift (A)	Shift (B)	Shift (C)	General Shift	Shift (A)	Shift (B)	Shift (C)
(a) Permanent Staff ( staff + workmen) in each location								
(b) Contract Workmen								
(c) Part Time Workers								
d) identify key activities performed								
Total Manpower in each location								

Language used by most of the employee \_\_\_\_\_

**B. CERTIFICATION****1. Certification Required (Please Tick)**

ISO 9001:2008     ISO 9001:2015     ISO 14001:2004     ISO 14001:2015  
 ISO 22000:2005     OHSAS 18001:2007     FAMI-QS     ISO 13485:2012

**2. Accreditation Sought**    NABCB     DAC     FAMI QS

3. Type of Audit to be conducted (Please Tick)

Certification

Re-certification

Transfer of certification

4. Tentative Scope for Certification:

5. Non-Applicability of Clauses (if any):

6. Outsourced Process , if any

7. Proposed date of Certification:

8. Surveillance Frequency : Yearly / Six monthly

**C. BUSINESS DETAILS**

Identify products / services of your company

Activities being performed outside the main site:

Are the temporary sites synonymous with your operation: Yes / NO

If the answer is YES, identify the name / location of the sites operational presently

(a)----- (b)-----  
(c)----- (d)-----  
(e)----- (f)-----

Identify key processes in manufacturing or provision of services:

Number of buildings &amp; floors &amp; approximate floor area (sq. ft):

Applicable statutory &amp; regulatory requirements related to (Product / Services / Process) -

Please list your main Customers:

1.  
2.  
3.

**D. ADDITIONAL INFORMATIONS FOR FSMS / FAMI-QS** (delete not applicable)

Current certification obtained: (state management system standard)	
Activity (Tick as applicable)	Manufacture      Trading      Others (specify): _____
No. of products: _____	Specify product categories & subcategories: _____ -----
No. of Mfg process lines: _____ -----	No of HACCP studies / plans: _____

**E. ADDITIONAL INFORMATIONS FOR IMS (Integrated Management System)**

No. of management system standards integrated (Tick as applicable)	ISO 9001: 2008 ISO 9001: 2015	14001: 2004 14001: 2015
	ISO 13485: 2012	OHSAS 18001: 2007
	22000: 2005	FAMI QS
Level of Integration (%) (Extent to which the Org has an integrated documentation & has integrated approaches to policies & objectives, management review, internal audit, process monitoring & performance and improvement mechanism)		

**F. OTHER INFORMATIONS**

1. Any services of consultant use : YES / NO ; Name of the consultant : _____ Name of the consulting organization (if applicable): _____		
2. Date of Management System Implementation : (Date/ month/ year)		
3. Any In-House training by SWISSCERT: - Yes / No: Name of the trainer:		
4. How did you hear of SWISSCERT Certification?		
5. Quotation Requested by: -	Name: Signature :	Position: Date :

≡ **Note:** No abbreviations shall be used for the names of the consultant and the consulting organizations and their full name have to be written clearly. Do not use terms like NA. For example if there is no consultant use write "self"



**FOR SWISSCERT USE ONLY**

Information Reconfirmed	Contact Person :
Other information gathered	Client Web Site :
	Other web site:
Date :	Signature

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