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| --- | --- | --- | --- |
| **Date** |  |  |  |
| **Enquiry No. IGC/E-Appl/** | | | |

**APPLICATION FORM**

*Please complete and return this form to enable ISO Global Certification to accurately prepare a quotation for your organization. (If additional information is required, then ISO Global Certification will contact you*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name:** | |  | | | | | | | | | | |
| **Type of Organization:** | |  | | | | | | | | | | |
| ***Registered Office Address:*** | |  | | | | | | | Postal Code: | | | |
| State: | | | |
| Country: | | | |
| **Additional Site:**  (if any, please mention) | |  | | | | | | | | | | |
| **Contact Person &Designation:** | |  | | | | | | | | | | |
| **Contact No.:** | |  | | | | **Fax No.:** | | | |  | | |
| **E-mail:** | |  | | | | **Web address:** | | | |  | | |
| **No. of Shifts:** | |  | | | **Effective no. of Employees** | | |  | | | **No. of Sites:** |  |
| ***ISO Standard you are seeking for:*** | | | | | | | | | | | | |
| ISO 9001 (QMS) |  | | ISO 14001 (EMS) | | |  | OHSAS 18001 (OHSAS) | | | | |  |
| ISO 22000 (FSMS) |  | | ISO 27001 (ISMS) | | |  | ISO / TS 13485 | | | | |  |
| CE Marking |  | | ROHS | | |  | Other (Please Specify) | | | | |  |
| **Scope of Work** | | | |  | | | | | | | | |
| **Significant aspect of processes** | | | |  | | | | | | | | |
| **Specific Statutory and Legal requirements** | | | |  | | | | | | | | |

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ISO Global Certification does not warrant or agree with any statement or suggestion that Certification would be  
simpler or easier if any consultancy service were used in the creation or preparation of a management system.

“I have read, understood and agree on the terms and conditions written on this form.”

Organization Name: Designation: Signature & Company Seal