

  <p style="font-size: small; margin-top: 5px;">SYNDICATE OF INTERNATIONAL SYSTEM CERTIFICATIONS</p>	<h2 style="color: red; margin: 0;">SIS Certifications Pvt. Ltd.</h2> <h3 style="color: green; margin: 0;">QUOTATION REQUEST FORM/APPLICATION FORM (For All Standards)</h3>	  
---	--	---

Please provide maximum details which will help us to give most accurate quotation
(Use one form for each location to be included in the certification)

Company Name :			
Address :			
Post/ Zip Code :		Country/ State :	
Tel (office)		Fax (office)	
E-mail :		Web Site :	
Contact Person		Position :	
Phone/ Mobile of the contact person.		E-mail of the contact person.	
Where did you hear about us?			
Type of Business? Proprietorship or Partnership or Pvt. Ltd. Or Ltd. Or Others.(please mention others in detail)			
Activities/Products to be mentioned in certificate after Audit			
Brief Explanation of the product of the organization.			
Product Specifications for CE mark, FCC, Rohs. Please attach technical Specifications.			
Implementation Status (Manuals, Procedures and records as per the requirements of the standard)			
How did you reach us?			
Standard applied for :			
Please mention all the standards you wish to opt for. (ISO 9001:2015, ISO 14001:2015, OHSAS 18001:2007, ISO 45001:2018, ISO 22000:2005, ISO 27001:2013, ISO 13485, ISO 50001, ISO 37001, ISO 21001, CE Mark, Fcc, Rohs, or others.(Please mention Others)			

  <small>SYNDICATE OF INTERNATIONAL SYSTEM CERTIFICATIONS</small>	SIS Certifications Pvt. Ltd. QUOTATION REQUEST FORM/APPLICATION FORM (For All Standards)	  
---	---	---

For ISO 22000	For ISO 27001:2013 Certification		
FSSAI License :- Any Other legal Registration for food specific activity:-	Number of Workstations + PC + Laptops/Mobiles in networking any other networking equipment:- Number of Servers:	Customer specific requirements if Any:	Legal Requirements And approvals as DOT/VSNL etc: SOA Defined? (Y/N)
	Whether the Internal Audit done and date: Management reviews done and date:		
Surveillance frequency: (For SIS Cert Use only) (6 monthly, 9 monthly or 12 monthly)			
Total Number of Employees (full- and part-time) in Office Site :			
Total Number of Students (For Education Industry)			
Total Occupancy (Restaurants/Hotels, Hospitals)			
Number of Operational Shifts			
No. of employees in Each Shift	Shift 1:- Shift 2:- Shift 3:-		
Number of Part Time Employees.			
Normal Number of hours for a full-time/part time Employee in a normal working day or shift?			
Any activity in the process whose quality cannot be measured (Eg. Welding, Painting, etc)			
Number of Employees in Design/ Development Department?			
Are there any clauses of Standard that do not apply?			
If yes, please state which clauses.			
Primary Language:	Currency Used :		
Preferred Method of Correspondence:	Preferred Payment Method:		
Stage of Certification? (Fresh Certification, Surveillance or Transfer)			
If existing SIS Cert's certification is held for another standard please state certificate number and Standard.	Cert No.	Standard	
Is this a transfer from another Certification Body? (Yes or No) forward copy of latest audit report and current certificate.	Transfer		Name of Previous CB
Please give full details of any out-sourced processes (i.e. vital processes/services that other companies perform on your behalf)			
Please provide full details of any consultancy company that you have employed for Implementation:			
Please provide information about any non-native language spoken in your organization:			
Department or Function	Language	% Non-Native	

The organization hereby undertakes to comply with the Certification regulations of SIS Cert. available on the website <http://www.siscertifications.co.in>

Ref.no.: sis/appl/01 dt.1.05.2013 , issue 01, rev. 00



Notes:

- i) The quotation will be based on the information provided in the quotation request form.
- ii) Please indicate your preferred target dates for the following activities:
 - a) Document Review (Specify Month/Year) :
 - b) Preliminary Review (Specify Month/Year)
 - c) Formal On-Site Review (Specify Month/Year) :
- iii) The surveillance period will be decided based on the review of application form.

For Client Use	
Name	
Designation	
Date	
Application Review (For SIS Cert Use only)	
Accreditation	
Scope/Code Evaluation	
Resource Allocation	
Review Status	
Quotation Generation	

SIS Certifications Pvt. Ltd.

Head Office (INDIA):- Plot No. 1539, 3rd Floor, Sector-4, Gurgaon-122001, Haryana, India.

Contact us:

+91-9654721646

0124-4060495, email- info@siscertifications.co.in,

www.siscertifications.co.in

www.siscertifications.com