## QUOTATION REQUEST FORM



Name of the Organization :							
Company Status :							
☐ Government	☐ Public Ltd	☐ Private Ltd.	☐ Partnership		Proprietary	_	
Company's Certificate of Incorporation No. & Date:							
Address:						•	
Sites (Owned/Rented)							
(Kindly provide complete contact details with PIN code No. of addresses)							
Chief Executive Officer :							
Management							
Representative	:						
Tel. No.:		F	Fax No. :				
E-mail ID: Web	site :						
(Kindly provide STD/I	ISD code of the Tel / Fa	x numbers) N	Mobile :				
Type of Certifica	tion:						
☐ Initial Certification		Recertification					
☐ Transfer of Certif	icate - Name of earlier	Certification Body				_	
Requested Manag	gement System Sta	andards :					
□ ISO 9001	☐ ISO 14001		☐ OHSAS 18001				
□ ISO 22000		I Mark) / CE Marking	☐ Others (Specify)			_	
Accreditations re	quired :						
□ UKJAS UK (ISO 3834/9001/9606/10001/14001/14064/14065/15085/15089/16840/17025/20001/21001/22001/22320/22318/23001 /25001/26001/27001/28001/29001/31001/32001/33001/34001/35001/36001/37001/39001/41001/42001/44001/45001/46001/50001/51001/ 52001/54001/55001/56001/59004/BS76001/80001/81001/86001/BS99001) □ UKAS (ISO 9001/14001/45001) □ EGYPT (ISO 9001/14001/22001/27001/45001)							
☐ IAS USA (ISO 9001		DAC UAE (ISO 9001 8/27001/37001/39001/45001 D JAS-ANZ Austr		22001) 🗆	l Others (specify)		
For EMS & OHSAS: Please fill in separate Questionnaire "FC_03A" for the company seeking certification of ISO 14001, Environmental Management System / OHSAS 18001, Occupational Health & Safety Management System,							
and Questionnaire will be provided on request.  For CE Marking: Please fill separate Questionnaire "FC_42" for company seeking CE marking  For ISO 22000 / HACCP: Please fill separate Questionnaire "FC_49 for company seeking HACCP/Food Safety							
For ISO 22000 / HA	ACCP: Please fill sep	parate <b>Questionnaire</b> "	FC_49 for company see	eking H	ACCP/Food Safety		

## QUOTATION REQUEST FORM



Products / Services :				
Processes / Activities :				
Proposed scope of Certification :				
Applicable Statutory & Regulatory Require	ments :			
Manpower Information (Location / Site Wis	se):			
Total No. of Employees :				
Management : Staff :	Contract Labour :			
No. of Sites: No. of working Shifts / Hrs in each shift:				
Shift wise activity details:				
Name of your main customers (Local & Ov	erseas):			
	- Involuments d9			
	n Implemented?			
Name of your consultant, if engaged in prep	paring management system:			
Place:	Name & Signature:			
Date:	Company Seal:			
Notes:				

For any queries, please write to info@demingcert.com OR visit www.demingcert.com

Page No. 2 of 2