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| For a formal written Quotation of audit fees, please complete in detail and forward to our office. Note: All information provided herein will be treated as strictly confidential by ISONIKE |

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| 1. Company Certification Details: | |
| New Customers: | |
| New Certification |  |
| Transfer of Certification from another Certification Body |  |
| Existing Customers: | |
| Extend the Scope of your Current Certification |  |
| Add a new Standard to your Certification |  |

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| 2. Standard (s) Applicable: | | | | | | | | | | | |
| ISO 27001 |  | ISO 22301 |  | ISO 20000 |  | ISO 22000 |  | HACCP |  |  |  |
| ISO 9001 |  | ISO 14001 |  | OHSAS 18001 |  | ISO 29001 |  | ISO 50001 |  |  |  |
| Other (Please Specify: | | | | |  |  | | | | | |

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| 3. Company Information: | | | |
| Company Name: | |  | |
| Address . | Street & No: |  | |
| City, State/Province, Postal Code: | |  | |
| Country: | |  | |
| Telephone No.: |  | Fax No. : |  |
| e-mail: |  | Web Site: |  |
| VAT No (for invoicing): | |  | |
| Note: The Company will need to notify ISONIKE in the event that the invoicing details change from the ones provided above. | | | |

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| 4. Contact Person Details: | | | |
| Contact Person Name : | |  | |
| Position / Role : | |  | |
| Telephone No. : |  | Fax No. : |  |
| e-mail : |  | Mobile No. : |  |

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| 5. Scope of Registration: |
| What wording would you like to see on your certificate? E.g. ‘Design, development and installation of computer software’ |
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| 6. Main Processes: |
| Please indicate your main processes or departments or sections (e.g. Marketing, Sales, Design, Purchasing): |
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| 7. Work undertaken at clients’ sites/premises : |
| Please detail the type of work carried out at clients’ sites/premises (e.g. installation, servicing, consultancy) |
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| 8. Branch(es) or satellite office(s): |
| Please provide details of addresses, numbers of staff and activities undertaken at these locations |
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| 9. Materials and Equipment : |
| Please provide details of the main materials and equipment located at your premises (e.g. Chemicals, Computers, Heating Oil, Paper, Lathes, CNC machines) |
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| 10. Product lines and/or services provided: |
| Please provide a brief description of your product lines and/or services provided to your customers . |
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| 11. Details of Personnel and Shifts: | | | | |
| How many employees involved in scope applied for? | Full Time: |  | Part Time: |  |
| Do you operate a shift system? | Yes |  | No |  |
| If ‘Yes’ how many employees are on shift? (%) | | | |  |
| Please describe any activities on other shifts, not covered by the day shift: | |  | | |

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| Please Indicate personnel numbers per activity/role in the organization | | | |
| Activity/Role | Full Time | Part Time | |
| Employees | Average hours per week |
| Management |  |  |  |
| Sales |  |  |  |
| Finance and Accounting |  |  |  |
| Support (eg HR, admin) |  |  |  |
| Product Development |  |  |  |
| Supervisors |  |  |  |
| Operations (Please indicate activities/roles and personnel numbers for each operation activity eg security, transport, technicians, consultants, call canter staff) | | | |
| Please insert activity/role |  |  |  |
| Please insert activity/role |  |  |  |
| Please insert activity/role |  |  |  |
| Please insert activity/role |  |  |  |
| Please insert activity/role |  |  |  |

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| Do you use subcontractors to deliver the services you provide? | Yes | |  | No | |  |
| If ‘Yes’ please indicate to what extend you use them eg manufacture, installation, design, transport) and approximately how many are used at any one time | | | | | | |
| Subcontractor Activity/Role | | Number used at any one time | | | Average hours per week | |
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| 12. General Information: | | | | | |
| Does the company currently have any certifications granted by ISONIKE or other certification body?) | | Yes |  | No |  |
| If ‘Yes’, please give certificate number(s) and expiry date: |  | | | | |
| If you are a new customer, how did you hear about ISONIKE? | | | | | |
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| If a consultant was used to develop your management system, please give name and company. | | | | | |
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| Is there any information relating to your management system that cannot be made available for review by the audit team because it contains confidential or sensitive information? | | | | | |
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| Is there any additional information you feel may help us prepare your quotation? (include details of any outsourced processes such as design, installation etc) | | | | | |
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| 13. Details of Completion: |

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| Name of the Person in Charge who completed the present: |  |
| Position : |  |
| Signature and Date: |  |

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| Please complete and return to: |
| ISONIKE Ltd  🕾 +357 26 222172, 🖱 [info@isonike.com](mailto:info@isonike.com) Web Sites : [www.isonike.com](http://www.isonike.com) |

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| Important Notice: |
| On receipt of the present Questionnaire, ISONIKE will prepare and submit a formal quotation for the Certification Services requested. This quotation will be based on the details provided herein. Any change on the details provided herein may result to the revision of the quotation given.  All quotations are provided by ISONIKE free of charge and on the condition that they will kept strictly confidential by the company / organization who receive them |