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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 | [ ]  |  | [ ]  |  | [ ]  |
| Other (Please Specify) [Άλλο (Παρακαλούμε αναφέρατε)]: | [ ]  |  |

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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. Details of ISONIKE Quotation Details: |
| ISONIKE Quotation Reference Number and Date:  |  |

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| Declaration: The company / organization hereby accepts ISONIKE Quotation referred above and applies for the certification services provided by ISONIKE. Also, the company / organization hereby agrees to comply with the relevant European or International Standards and with the Certification Rules of ISONIKE as listed on the website: ([www.isonike.com](http://www.isonike.com)) as well as to adopt to any changes in the requirements.  |
| I (the undersigned) hereby declare that I am authorized, on behalf of the company / organization, to submit this application and that the information contained herein is both correct and accurate to the best of my knowledge and belief. |
| Signature & Company Stamp:  |  | Date: |  |
| Print Name: |  | Position: |  |

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| Please send this form to the contact details shown below. We will then invoice you and contact you to agree dates for the documentation review and audit. |

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| For ISOΝΙΚΕ use Only  |
| Received By: |  | Date Received: |  | Audit Nr.: |  |