QUOTE REQUEST



1. Organization Details

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Company Name		
Contact Person	Position	
Telephone/Mobile No.	Fax Number	
Website	Email Address	

Note: CCS System Certification is not applicable to any Certification Body

2. Details of all Sites to be included in the Certification and Activities

(Site information/details shall be filled completely if you're applying for multisite certification)

Location	Postcode and Location Address (Kindly attach each trade license for all site to be certified)	Status (Permanent site, temporary site, etc)	Enumerate Service/ Product Lines	No. of Shifts	No. Of Facilities per site	Language
Head Office						
Site 1						
Site 2						
Site 3						
Site 4						

Note: Specify in case site is virtual – where work or service is carried out using on-line environment.

3. Details of Employees and Shifts

(Please add rows as needed or add additional sheet)

		Number of Employees							
Location	No. of Shift	Full time (Top Mgt to Staff)	Part time (Top Mgt to Staff/ no. hours/day)	Production/ Service Worker (w/ same or simple task)	Production/ Service Worker (unique task)	Seasonal/Temporary (contracted for specific job or activity)	Total No.		
Head Office									
Site 1									
Site 2									
Site 3									
Site 4									

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4. Certification Standards and Scope Details

Certification Standards and Scope Details						
Please indicate which Management System Standard your company would like to be certified with:	☐ ISO 27001:2005 ☐ ISO	14001:2015 22000:2005 ners, Specify	5 □ н.	HSAS 18001:2007 ACCP		
Please indicate which Management System Standard your company is already certified with:	□ ISO 9001:2015 □ ISO 14001:2015 □ OHSAS 18001:2007 □ ISO 27001:2005 □ ISO 22000:2005 □ HACCP □ Not certified □ Others, Specify:					
If certified, State the Certification Body, Certificate number and Expiry to all certifications						
Scope of Certification Please provide the scope of certification in words that you would like to be displayed on your certificate for all sites to be included in the certification. Note: The scope of the certification should be a description of the product or services as defined above and is subject for verification and decision. (enumerate all products/services						
5. Supplementary Information						
Audit is in English, kindly confirm the language preferred and/or if interpreter is required						
State Trade/Commercial/Industrial license no and expiry date for each site to be included in the certification						
Does your organization activities involve any design of products and/or services?	☐ Yes		☐ No			
Enumerate all departments in your organization						
Door your organization has activity (iso) / process(so) / somiss(s)	Yes		□ No			
Does your organization has activity (ies)/ process(es)/ service(s) undertaken by subcontractors?	If yes please provide details.					
Does your organization carry out any activities such as distribution,	Yes		☐ No			
transport, storage, internal tests, etc?	If yes please provide det	ails.				
Does your organization is operating in a temporary site? State the details please (location, activities, manpower, etc)						
Appointed competent MR to lead or leading your current system for	Name					
Certification?	Position					
	Yes		☐ No			
Did you use or are you using consultant to assist with the implementation of your system(s)?	Consultants Name					
(If yes please provide details)	Consultancy Firm					
Is your organization regulated by industry specific legislation /	Define the specific	Yes		☐ No		
regulations	Legislation/Regulation					
Where did you hear about CCS?						
Do you require a visit from a member of our sales team to discuss your certification requirements? Technical team for gap analysis?	Yes	Yes		□ No		



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Remarks

Certification Transfer (for certified clients only seeking for certification transfer) Are you looking for certification transfer? Yes; No (Kindly enclose the certificate copy and Recent audit report with Reason: NCR(s) if there's any) Is your current certification active and valid in terms of authenticity, No Yes; Kindly submit the full copy of the certificate duration and scope of certification covered by management system? No, Kindly provide written declaration that your Is your current CB still active? Yes certification is in active status, not suspended, nor Is your certification currently suspended? Under threat of ☐ No under threat of suspension, nor Cancelled. Yes suspension? Cancelled? Declaration that no complaints received for the last 12 Is there any complaint(s) received for the last 12? Yes Is the recent 3rd audit report available? Yes No Is there any outstanding NCR? Yes No 8 **Important Reminder** Please provide complete detail for every section of this document as applicable in order for us to prepare an accurate quotation. If you require clarification about any questions in this form please contact your local CCS office. Conformity Certification Services (CCS) shall keep confidential all information relating to your organization and shall not disclose any such information to any third party except that required by the law or AB. **Confirmation of the Information Provided Application Completed By Date Completed** (Name, Position & Signature) **CCS Confirmation of Application Reviewed By Date Completed** (Name, Position & Signature)