

Application Form

						Date:
Please complete and return this questionnaire to enable SQM CERTIFICATION SERVICES PVT. LTD., to accurately prepare a quotation for your organization. If additional information is required, then SQM will contact you before sending a quote.						
Name of Organization						
Physical address						
Contact Per						
Designation: Telephone no.:					Extn.:	
Mobile no.		DAIII.				
Email addre	ess:					
Certification Standard(s):						
□ ISO 9001:2015 □ ISO 14001:2015 □ ISO 45001:2018 □ ISO 7202:2018 □ Other Standard □ ISO 22000:2018 □ ISO 13485:2016 □ ISO 27001:2022 □ ISO 50001:2018						
☐ ISO 22000:2018 ☐ ISO 13485:2016 ☐ ISO 27001:2022 ☐ ISO 30001:2018 ☐ GMP ☐ HACCP ☐ HALAL ☐ CE Marking						
Do you design the product:						
Number of sites:						
Effective No. of Employee			To calculate the effective number of employees, subtract duplication due to shift work.			
Scope of Certification:						
Significant aspect in processes/Pollutant			List of Process			
Specific Statutory and legal requirement(s)			Layout of Plant/Office			
Are the systems integrated			Yes No	14.		
Do you want a preliminary audit			Yes No	When		
Are you ready for audit			Yes No	When		
Are the systems implemented			Yes No	How long	5	
Did consultant help you to develop your system			Yes No	Who		
Are you certified by someone else Yes No Who						
I have read, understood and agreed on the terms and conditions written on the back of this form. Applicant Signature						
Seal of Company						
For SQM Office use only Sample		Procedure		Comments		
	Resources reviewed					
	Resources adequate					
	Man days required					
	Quotation sent					

SQM Certification Services Pvt. Ltd.