



EQUALITAS SYSTEMCERT PVT. LTD.

QUOTATION REQUEST FORM

Important: For preparation of a written quotation, we need information about your organization. All information supplied by you will be treated in strict confidence. Please complete this questionnaire. Use extra sheets wherever required.

Fields marked with "*" are mandatory for filling.

COMPANY DETAILS

* Company Name:	
* Registered Address:	
*Site Address:	
Phone:	Fax:
*E-mail:	Website:
*Chief Executive/MD: Email id:	Mobile:
*Contact Person Name: Mobile:	Position E-mail id:
Company Status (Please Tick): <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Please Specify	
Total No. of Shifts: ___ Total No. of employees: Full Time___ Part Time___ Subcontracted___	
Total no of employees doing repetitive jobs _____	
Employees directly involved in scope of management system _____	
Note: If more than one site, please give address/details on back of this page.	

CERTIFICATION/S REQUESTED

Certification Required (Please Tick): <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO27001 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> ISO20000-1 <input type="checkbox"/> HACCP <input type="checkbox"/> GMP <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> Other_____
Type of Audit <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB
Combination Audit <input type="checkbox"/> Yes <input type="checkbox"/> No Combination _____ + _____

Quality Management System ISO 9001:2015

Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple
Is there any process that affects the product conformity and is outsourced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Exclusions, If any _____
Legal Obligations if any
Whether company is responsible for demonstration of product/service performance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Clause" Design & Development" included in the Scope of Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No

Environmental Management System ISO 14001:2015

Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple
Whether Initial Environmental Review (IER) available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Whether Register of Significant Aspects / Impacts available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Whether Legal Register available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Whether Environmental Management Program (EMP) available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has EMP been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Occupational Health & Safety Analysis System OHSAS 18001:2007

Number of Sites to be Audited? Single Multiple Have you identified Hazards? Yes No

Detail all identified Critical occupational health and safety risks

Whether Incident/ Accident Register available? Yes No

Other Certification Program Requested ()

Number of Sites to be Audited? Single Multiple Any Prior Audits Conducted Yes No
If Yes , attach audit findings

Accreditation: NABCB NON ACCREDITATED

Scope for Certification:

BUSINESS DETAILS

Identify products / services of your company

Activities being performed outside the main site:
(i.e. activities at temporary sites e.g. construction, collection of samples, service delivery etc.)

Outsourcing if any :

Name of the Consulting Organization:

Identify key processes in manufacturing or provision of services : (e.g. Design, Manufacturing, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc)

Any statutory & regulatory requirements related to Products/services:

Service Tax No _____ Excise No: _____ TIN No _____ IEC Code : _____

PAN No. _____

Three Main Customers:

Three Main Suppliers:

Declaration: The information provided above is true to the best of our knowledge and behalf.

Quotation Requested by _____ Name:

Designation: _____ Sign: _____ Date:

FOR THE USE OF EQUALITAS SYSTEMCERT PVT. LTD. ONLY

Reviewed By : _____ Date: _____

Can this Application be further processed Yes No

Please send it on below address or Email:

EQUALITAS SYSTEMCERT PVT. LTD.

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