**PRE-QUOTATION FORM**

|  |  |
| --- | --- |
| Name of the Organization |  |
| Country |  | State |  |
| Postal Code |  | GST No. |  |
| Registered Address |  |
| Operational Address |  |
| Do you have more than one Office address? (**Yes/ No**) If yes, kindly mention the addresses |  |
| Addresses needed to be incorporated in the certification |  |
| E-mail ID |  | Website |  |
| Primary Contact Person |  | Primary Phone number |  |
| Designation |  | Primary Email ID |  |
| Secondary Contact Person |  | Secondary Phone number |  |
| Designation |  | Secondary Email ID |  |
| Where did you hear about us? |  |
| Business Sector |  |
| Brief about the Services and Products need to be incorporated in certification |  |
| Please mention all the standards you wish to opt for:**ISO 9001:2015 (QMS)****ISO 14001:2015 (EMS)****ISO 45001:2018 (OHSMS)****ISO 22000:2018 (FSMS)****ISO 27001:2013 (ISMS)****ISO 37001:2016 (ABMS)****ISO 13485:2016 (MDQMS)****ISO 50001:2018 (EnMS)****ISO 21001:2018 (EOMS)****ISO 22301:2019 (BCMS)****ISO 26000:2010 (SR)****CE Mark, RoHS, HACCP, Halal, Kosher****& Others (Please mention Others)** |  |
| Are you prepared with your documentations as per the requirements of the required standard?Process Manual, Procedures, Forms and Formats, Risk assessment, Needs and Expectations of your interested parties, Training procedures and records, Maintenance of your machines, Process documentations of your complete operations, etc. |  |

|  |  |
| --- | --- |
| Total Number of Employees in Each Site |  |
| Number of Full Time Employees |  |
| Number of Part Time Employees |  |
| Total Number of Students (For Education Industry) |  |
| Number of Operational Shifts |  |
| No. of employees in Each Shift |  |
| Stage of Certification(Fresh Certification, Surveillance or Transfer) |  |
| Is this a transfer from another Certification Body? (**Yes or no**)Please forward copy of latest audit report and current certificate | Transfer | Name of Previous CB |
|  |  |
| Please give full details of any out-sourced processes (i.e., vital processes/services that other companies perform on your behalf): |
| Please provide full details of any consultancy company that you have employed for Implementation:  |
| Please indicate your preferred target dates for the following activities |
| Document Review (Specify Month/Year) |  |
| Preliminary Review (Specify Month/Year)  |  |
| Formal-Onsite Review (Specify Month/Year) |  |

**Notes:**

The quotation will be based on the information provided in the quotation request form.

Please indicate your preferred target dates for the following activities.

The surveillance period will be decided based on the review of application form.

|  |
| --- |
| For Client Use |
| Name |  |
| Designation |  |
| Date |  |
| Application Review (For SIS Cert Use only) |
| Accreditation |  |
| Scope/Code Evaluation |  |
| Resource Allocation |  |
| Review Status |  |
| Quotation Generation |  |

# SIS Certifications Pvt. Ltd.

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