

## CLIENT INFORMATION AND REVIEW

**Please complete the questionnaire supplying as much information as possible and if necessary attach supporting information.**

**This is necessary and important for Alpha Certifications to prepare an accurate quotation. The quotation will be submitted with information regarding conditions for certification.**

Company Name .....

Company registration no ..... Company VAT no .....

Is the company part of a larger organization? 

YES	NO
-----	----

If YES please supply further information .....

Company postal address .....

Postal Code .....

Tel no .....

Fax no .....

Representative name .....

Position .....

Cell no .....

E-mail .....

Website .....

CEO Name .....

**Name of consultant/consultancy if used within the last 2 years:**

.....  
.....

**Information regarding the company and sites to be registered:**

*To which Standard(s) is certification required:*

ISO 9001:2008		ISO 14001:2004		OHSAS 18001:1999	
---------------	--	----------------	--	------------------	--

Exclusions for ISO 9001:2008 (out of Section 7 only): .....

**State the scope of certification: (i.e. products and or services to be covered by the certification)**

.....

.....

.....

**Detail any outsourced processes:**

.....

.....

**Legal requirements/other certification/marks etc**

.....

.....

## **COMPLETION OF PAGE 3 (SITES TO BE CERTIFICATED)**

- 1. Indicate name of site/s to be audited**
- 2. Indicate address of each site/s to be audited**
- 3. Indicate departments/processes within the organisation per site i.e. purchasing, stores, training, workshop, stores, despatch etc**
- 4. Indicate number of permanent employees per site (Involvement in Quality Management System)**
- 5. Indicate number of part-time employees per site (Involvement in Quality Management System)**
- 6. Indicate whether shift work is conducted and number of employees per shift per site (Involvement in Quality Management System)**
- 7. Indicate how many Sub-contractor per site (Involvement in Quality Management System)**

**Signed** ..... **Position** ..... **Date** .....

SITES TO BE CERTIFICATED				
SITE NAME	ADDRESS	DEPARTMENTS/PROCESS	<u>NUMBER OF:-</u>	
HEAD/CENTRAL OFFICE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	

**NOTE: If your organisation has more than a total of 6 sites (including Head Office) please make a copy of Page 3**