



EQUALITAS CERTIFICATIONS LIMITED

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:	Mobile:	
*Contact Person Name:	Position	Mobile:
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 9001:2008 <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2004 <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"/> CMMi <input type="checkbox"/> Other_____		
Type of Audit : <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB		
Accreditation Board: QABCB		
Combination Audit : <input type="checkbox"/> Yes <input type="checkbox"/> No Combination _____ + _____		
Surveillance Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually		
<u>Quality Management System ISO 9001:2015</u>		
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		
<u>Environmental Management System ISO 14001:2015</u>		
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? <input type="checkbox"/> Single <input type="checkbox"/> Multiple	
Have you identified Hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detail all <u>identified Critical</u> occupational health and safety risks	
Whether Incident/ Accident Register available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attached as above <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Certification Program Requested ()	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple	Any Prior Audits Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , attach audit findings
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:	
GSTIN _____	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 CERTIFICATIONS LIMITED ONLY

Reviewed By :

Date:

Can this Application be further processed Yes No

Please send it on below address or Email:

EQUALITAS CERTIFICATIONS LIMITED

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