



Application for ISMS Certification

| <u>Application for ISMS Certification</u> | |
|--|--|
| Organization name [If the client is different from the organization to be certified, please provide full details] | |
| Organization address | |
| Contact person | |
| Contact tel # | |
| Contact fax # | |
| Contact e-mail | |
| Description of business activities of the organization [Or specific reference to the relevant attached documentation] | |
| Description of organizational structure of the business [Or specific reference to the relevant attached documentation] | |
| Description of the locations from which the organization operates [Or specific reference to the relevant attached documentation] | |
| Description of the total IT infrastructure of the organization [Or specific reference to the relevant attached documentation] | |
| Description of the scope of the ISMS in terms of included business activities, business locations, and IT infrastructure [Or specific reference to the relevant attached documentation] | |

ISMS Certification: Preliminary Information

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|---|---|--|
| Service required [Tick as appropriate] | ISO/IEC 27001 – Certification ISO/IEC 27001 – Pre-Assessment | <input type="checkbox"/> <input type="checkbox"/> |
| When do you expect to be ready for...Assessment Stage 1? | | |
| When do you expect to be ready for...Assessment Stage 2? | | |
| Application filled in by [Name and designation] | | |
| Signature | | |
| Date | | |