



## **QMS Certification: Preliminary Information**

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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 Quality Management of organization [Or specific reference to the relevant attached documentation]	
Description of the scope of the QMS in terms of included business activities, business locations, and Quality Management infrastructure Including whether ISO 9000 required for Internal Service Provider/External service provider	

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[Or specific reference to the relevant attached documentation]		
Brief Details of Projects/ No. of Customers covered under the scope		
Brief Details of Services outsourced to/ managed through Subcontracted Suppliers		
Are you registered for ISO 9001 (Quality Management System)? If Yes, Please provide details of certification Body and Date of Original registration.		
Preference concerning Evaluation of Documentation [Tick as appropriate]	Documentation enclosed (see below) Evaluation at organization's premises	<input type="checkbox"/> <input type="checkbox"/>
When do you expect to be ready for...Assessment ?		
Signature		
Date		