



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 _____	
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 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 20000-1:2011 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO27001 <input type="checkbox"/> ISO 31000 <input type="checkbox"/> HACCP <input type="checkbox"/> GMP <input type="checkbox"/> WHO GMP <input type="checkbox"/> GLP <input type="checkbox"/> GPP <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 50001:2011 <input type="checkbox"/> Other_____	
Type of Audit <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB Combination Audit <input type="checkbox"/> Yes <input type="checkbox"/> No Combination _____ + _____	
<u>Quality Management System ISO 9001:2015</u> Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple Is the Clause" Design & Development" included in the Scope of Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there any process that affects the product conformity and is outsourced? <input type="checkbox"/> Yes <input type="checkbox"/> No * Attach Statement of Non Applicability (SONA) as per Annexure A of ISO 9001:2015 <input type="checkbox"/> Yes <input type="checkbox"/> No Legal Obligations if any _____	



QUOTATION REQUEST FORM

Environmental Management System ISO 14001:2015

Number of Sites to be Audited? Single Multiple
Whether Initial Environmental Review (IER) available? Yes No
Whether Register of Significant Aspects / Impacts available? Yes No
Whether Legal Register available? Yes No
Whether Environmental Management Program (EMP) available? Yes No
Has EMP been implemented? Yes No
Attach List of Compliance Obligations Yes No

Occupational Health & Safety System OHSAS 18001:2007

Number of Sites to be Audited? Single Multiple
Have you identified Hazards? Yes No
Detail all identified Critical occupational health and safety risks
Whether Incident/ Accident Register available? Yes No
Imp: Please furnish Table-1 (as per JAS –ANZ Procedure 2) and attach with Quotation request Form
Attached as above Yes No

Food Safety Management System ISO 22000:2005

Number of Sites to be Audited? Single Multiple
Have you implemented HACCP Principles? Yes No
Total No of HACCP Studies (As per ISO/TS 22003:2013) _____
How many process lines are there in production _____
Any Prior Audits Conducted Yes No
If Yes , attach audit findings

Other Certification Program Requested (_____)

Number of Sites to be Audited? Single Multiple
Any Prior Audits Conducted Yes No
If Yes , attach audit findings

Accreditation: JAS-ANZ DAC NON ACCREDITED

Scope for Certification: (*including type of activities, products and services as applicable at each site*)

BUSINESS DETAILS



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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: _____
Service Tax No _____ Excise No: _____ TIN No _____ IEC Code : _____ PAN No. _____
Three Main Customers: Three Main Suppliers:

Declaration: The information provided above is true to the best of our knowledge and on behalf of.

Quotation Requested by **Authorized Person** Name:

Designation:

Sign:

Date:

<u>FOR THE USE OF LMS CERTIFICATIONS PVT. LTD. ONLY</u>	Date:
Reviewed By :	
Can this Application be further processed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please send it on below address or Email:

LMS CERTIFICATIONS PVT. LTD.

1, Anand Dhaam, Opposite Kukrail Gate, Faridi Nagar, Lucknow (U.P.) Pin – 226 015. INDIA

Tel: +91-522 4043278; Helpline: +91 955 4645464: E Mail: info@lmscert.com

Web: www.lmscert.com