Thank you for your interest in our services. Please provide us with the following information, which we will use to prepare an individual and binding quotation.

**Return by Fax to +84 0243 7722892; by email to aphamthithuy@tuv-nord.com**

|  |
| --- |
| **General information** (Only main location / Company headquarters) |
| Companywith legal form |       |
| Street |       |
| Postcode |       | City |       | Country |       |
| Contact(First / Second Name) | **[ ]** Mr. | **[ ]** Mrs. |       |
| Function | [ ] QR | [ ] other |       |
| Telephone |       | Internet |       |
| Telefax |       | E-Mail |       |
| Sector |       |
| Comp. Reg. No. |       | VAT No. |       |
| *For further locations please fill in Page 4* |

|  |  |
| --- | --- |
| **1. No. of employees at the location**  | (if appropriate, total employees in companies employed in companies for combined audit) |
| Total no. of employees |       | of which no. of employees in part time |       |
| in addition, no. of AÜG \*) employees\*) temporary employees from employment agencies |       | of which no. of minor employees(450€-Basis) |       |
| of which no. of trainees |       | of which no. of employees in shift working |       |
| Number of unskilled employees (low paid) |       | Number of Shifts |       |

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| **2. Which certification do you require?** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[ ] Certification** | **[ ] Re-Certification** | **[ ] Transfer** | **[ ] Extension** | **[ ] Pre-audit** |
| [ ] ISO 9001 | [ ] ISO 14001\* | [ ] ISO 50001\* | [ ] OHSAS 18001\* | [ ] IATF 16949 |
| [ ]  SCC\*/\*\*,SCCP, SCP | [ ]  ISO 27001\* | [ ] BS 10012 | [ ] ISO 45001\* | [ ] ISO 22000\* |
| [ ] EN 91xx | [ ] ISO 29990 | [ ] BRC\* | [ ] EMAS\* | [ ] IFS\* |
| [ ] DIN SPEC 91020 | [ ] ISO 37001\* | [ ] TISAX | [ ] MAAS BGW | [ ] GMP\* |
| [ ] Others: |       |
| Certificates with regard to BS OHSAS 18001:2007 are valid until 11th March 2021. If you still want a certification with regard to BS OHSAS 18001:2007, please mark with a cross. | [ ]  |

*\*) Please fill in annexes*

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| **3. Factors which can influence the time needed for the audit** |
| In-house development? [ ] Yes [ ] No | [ ]  | Low process risk | [ ]  | Mature Management System | [ ]  | Family-owned company or simple processes |
| [ ]  | Large variety of regulations | [ ]  | High process risk | [ ]  | Large location with small no. of employees | [ ]  | Small location with large no. of employees |
| [ ]  | High level of automation | [ ]  | Identical activities on all shifts | [ ]  | Large no. of people with unique activities | [ ]  | Large no. of people who work “off location” |
| Did a consultant support you? | [ ] No [ ] Yes |
| Consulting firm |       | Contact |       |
| When do you plan your audit? |       |
| Do you have outsourced processes? | [ ] No  | [ ] Yes, which? |       |

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| **4. Which kind of certification do you require?** (Multiple choice possible) |
| [ ]  Single certification | All locations will be certified separately |
| [ ]  Matrix certification | All locations will be certified as one group |
| [ ]  Combined / Integrated certification | By certification of two or more management systems at the same time, we can use synergies to reduce the time of the audit |
| Do you want to have an integrated audit? | [ ] Yes | [ ] No |
| Do you want to have a Remote Audit? | [ ] Yes | [ ] No |
| Do you have the necessary infrastructure for a Remote Audit? | [ ] Yes | [ ] No |

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| **5. In case of integrated audits: How high is your level of integration?**  |
| Please fill in following points for certification at the same time: |
| An integrated documentation set, including work instructions | [ ] Yes | [ ] No  |
| Management Reviews that consider the overall business strategy and plan | [ ] Yes | [ ] No  |
| An integrated approach to internal audits | [ ] Yes | [ ] No  |
| An integrated approach to policy and objectives | [ ] Yes | [ ] No  |
| An integrated approach to systems processes (process descriptions) | [ ] Yes | [ ] No  |
| An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement) | [ ] Yes | [ ] No  |
| Integrated management support and responsibilities (common management representatives) | [ ] Yes | [ ] No  |

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| **6. Information for transfer of certificates** |
| Are the audit reports from the last certification period available? | [ ] Yes | [ ] No  |
| Are there any nonconformities from the previuos audit? | [ ] Yes | [ ] No  |
| Are all nonconformities from the previous audit closed? | [ ] Yes | [ ] No  |
| Why do you want to change the certification body? body |       |

**Note: In case of an assignment for the transfer of a certification, please attach all issued and transfer-relevant certificates of the previous certification body, all transfer-relevant audit reports from the last certification period and all non-conformity reports from the last certification period.**

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| **7. Existing Certifications** |
| Please list all your existing certifications here. |
| Certificate number | Standard / Directive etc. | Certification Body | Date of initial certification audit | Valid until |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| **8. Scope / Business operation to be certified** |
| (for example: "Development, manufacture and sale of...", "Trade with..." etc.;Special feature with IATF 16949: activities adding value and product development, if applicable) |
|       |

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| **9. Are you a member of an industry, professional or trade association/federation?** |
|       |

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| **7. Any further information you think may be important for us?** |
|       |

We confirm all information and agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

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|       |  |       |  |  |
| Place/Date |  | Name |  | Signature \*) |

 \*) If sending by email, the sender's address will be accepted

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| **Location No.**  |
| Temporary location | **[ ]**  Constr. site | [ ] Project:      |
| Outsourced process | **[ ]** Store | [ ] Others:      |
| **General informationen** |
| Companywith legal form |       |
| Street |       |
| Postcode |       | City |       | Country |       |
| Contact(First / Second Name) | **[ ]** Mr. | **[ ]** Mrs. |  |
| Function | [ ] QR | [ ] other |       |
| Telephone |       | Internet |       |
| Telefax |       | E-Mail |       |
| Sector |       |
| Comp. Reg. No. |       | VAT No. |       |
| **No. of employees at the location** |
| Total no. of employees |       | of which no. of employees in part time |       |
| in addition, no. of AÜG \*) employees\*) temporary employees from employment agencies |       | of which no. of minor employees(450€-Basis) |       |
| of which no. of trainees |       | of which no. of employees in shift working |       |
| Number of unskilled employees (low paid) |       | Number of Shifts |       |
| **Scope / Business operation to be certified** |
| (for example: "Development, manufacture and sale of...", "Trade with..." etc.;Special feature with IATF 16949: activities adding value and product development, if applicable) |
|       |
| *If further locations are to be included, please copy this page and complete.*  |