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) | | | | | | |
| Company with 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* | | | | | | |

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| --- | --- | --- | --- |
| **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?** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | | |
| Company with 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.* | | | | | | | | | | | |