



APPLICATION FOR ISO CERTIFICATION

ISO 9001 (QMS) – ISO 14001 (EMS) – ISO 18001 (OHSAS) – ISO 22000 – HACCP – ISO 20000 (ITMS) – ISO 27001 (ISMS) – ISO 22301 (BCMS) – ISO 50001 (EnMS) - ISO 13485 – ISO 17025 – ISO 28001 – GMP – CE Marking



Kayzed Consultants

WEBSITES

www.isoksa.com

www.omaniso.com

www.kayzedconsultants.com

PART I – COMPANY DETAILS

ORGANISATION NAME :

ADDRESS :

POSTAL CODE :

TELEPHONE NUMBER :

WEBSITE :

NAME OF CHIEF EXECUTIVE:

CONTACT PERSON NAME :

POSITION :

MOBILE NUMBER :

EMAIL ADDRESS :

ADDRESSES OF OTHER OFFICES / MANUFACTURING PLANT

SITE OFFICE 1 :

SITEOFFICE 2 :

SITE OFFICE 3 :

YOU NEED QUOTE FOR (TICK ✓ AS APPLICABLE)

ISO 9001:2015	<input type="checkbox"/>	HACCP	<input type="checkbox"/>	ISO 17025:2005	<input type="checkbox"/>	ISO 20000:2011	<input type="checkbox"/>
ISO 14001:2015	<input type="checkbox"/>	ISO 50001:2011	<input type="checkbox"/>	GMP	<input type="checkbox"/>	ISO 27001:2013	<input type="checkbox"/>
OHSAS 18001:2007	<input type="checkbox"/>	ISO 28001:2007	<input type="checkbox"/>	SA 8000:1997	<input type="checkbox"/>	ISO 22301:2012	<input type="checkbox"/>
ISO 22000:2005	<input type="checkbox"/>	ISO 13485:2003	<input type="checkbox"/>	ISO 15189:2012	<input type="checkbox"/>	ISO 10001:2007	<input type="checkbox"/>

ANY OTHER :

PART II – BUSINESS ACTIVITY DETAILS

INDUSTRY TYPE:

BRIEF DESCRIPTION ABOUT THE ORGANISATION:
(Your business activities)

WHO ARE YOUR MAIN CUSTOMERS?
(E.g. Construction, Engineering, Automotive Industry, Freight Forwarding, Pharmacy, Etc)

WHAT IS YOUR MAIN PROCESS OR ACTIVITIES? (E.g. Marketing, Purchasing, Etc)
Please attach your process flow chart or brief description of how the processes are carried out

BRANCH DETAILS:

If any of your regional or branch offices are responsible for quality system management. Please provide complete address and number of employees at each location

PART III- EMPLOYEE DETAILS

Particulars:	No. of Employees:	
MANAGEMENT	:	<input type="text"/>
MANAGERS	:	<input type="text"/>
EXECUTIVES	:	<input type="text"/>
WORKFORCE	:	<input type="text"/>
OTHERS	:	<input type="text"/>

Total Number of Employees:

Total Number of Full Time Employees:

Total Number of Part Time Contracted Employees:

SHIFT DETAILS:

Shift:	No. of Employees:	
GENERAL SHIFT	:	<input type="text"/>
1 st SHIFT	:	<input type="text"/>
2 nd SHIFT	:	<input type="text"/>
3 rd SHIFT	:	<input type="text"/>
Weekly Holidays	:	<input type="text"/>

EXPECTED DATE OF COMPLETION OF PROJECT

Please mention time period within which the certification process should be completed

Time Period (<i>in Weeks</i>)	:	<input type="text"/>
Proposed Start Date of Project	:	<input type="text"/>

