Please, fill in the relevant information in the application form which we will use to prepare an individual offer for your company.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General information about your company** | | | | |
| **Legal name:** |  | | | |
| **Full address:** |  | | | |
| **Separate Entities / Sites:** |  | | | |
| **Address of separate entities/sites:** |  | | | |
| **Website:** |  | | | |
| **Scope:** |  | | | |
| **Contract person (Full name):** |  | | | |
| **Position:** |  | | | |
| **Tel. No.:** |  | | | |
| **E-mail:** |  | | | |
| **Total number of employees in the Company:** |  | | | |
| **Number of employees per shift:** |  | | | |
| **Number of shifts:** |  | | | |
| **Outsourced processes:** |  | | | |
| **Implemented and certified management systems:** |  | | | |
| **Information about planned project** | | | | |
| **Type of work planned:** | Diagnostic audit  Development of documentation  Personnel training | | Internal audit  Full implementation of requirements of the standard | |
| **Please, select the standard:** | ISO 9001:2015  ISO 14001:2015  ISO 45001:2018  ISO 50001:2018  ISO 37001:2016  IATF 16949  Other: | ISO 22000:2018  FSSC 22000  IFS  BRC  Global G.A.P.  ISCC  BSCI  SEDEX/SMETA  ISO 22716 | | ISO 27001:2013  GDPR  ISO 50001  BS 10012  ISO/IEC 27017:2015  ISO/IEC 27018:2014  PCI DSS  HIPAA |
| **Planned start and finish dates of the project:** | From       till | | | |
| **Planned certification after completion of the project:** | Yes  No | | | |
| **Any further information about the company you think may be important for us:** |  | | | |

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| --- | --- | --- |
| / |  |  |
| Place / Date |  | Full name |