



MANAGEMENT SYSTEM CERTIFICATION

QUESTIONNAIRE

This questionnaire is sent to applicants to allow us to understand your business and to provide you with the best possible service.

CERTIFICATION SCHEME

Please indicate below the scheme(s) for which you are applying:

Grid of checkboxes for certification schemes: ISO 9001, ISO 14001, OHSAS 18001, MS 1722, ISO/IEC 27001, ISO/IEC 20000-1, MS 1900, IATF 16949, GDPMD, ISO 13485, ISO 22301, ISO 28000, ISO 50001, ISO 55001, ISO 39001, ISO 37001, RSPO P & C, RSPO Supply Chain, GMP, HACCP, ISO 22000, ISO/TS 22000-1, ISO/TS 22000-2, ISO/TS 22000-3, Other

If enquiry relates to more than one scheme, do you want an integrated/ combined audit to be carried out? [] Yes [] No

Does this enquiry relate to a new certification or the transfer of an existing accredited certification? [] Yes [] No

If yes, please provide details of your current certification by filling up Application for Transfer of Certificate (SQAS/MSC/FOR/13-1).

Please provide the scheme specific information as required in the relevant appendix.

PLEASE COMPLETE IN BLOCK LETTERS.

1. DETAILS OF APPLICANT

Name of Organization : _____

Division (if applicable) : _____

Correspondent Address : _____

Web-site (if any) : _____

Company/ Business Registration No. (if applicable) : _____

Contact person (1) : _____ Contact person (2) : _____

Position : _____ Position : _____

Telephone : _____ Telephone : _____

Fax No. : _____ Fax No. : _____

E-mail : _____ E-mail : _____

Do you want to be certified under your trading name? [] Yes [] No

If 'Yes' give further details : _____

Is your organization part of some larger group of company? [] Yes [] No

If 'Yes' give the name of holding company : _____

Category of organization – only for organizations based in Malaysia (may select more than one):

Grid of checkboxes for organization categories: Local - SME, Local - Non SME, Multinational - Origin, Bumiputra, Non-bumiputra, Government (ministry, department, statutory bodies, agency, etc.), Other



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2. OTHER INFORMATION

(a) If the management system has already been implemented, please indicate the effective date of the implementation of the system.

(b) Target date for Stage 1 Audit : _____

Target date for Stage 2 Audit : _____

(c) Have you engaged the services of a consultant to develop your system? Yes No

If 'Yes', give the name of the consultant : _____

(d) Have you obtained any other management system certification? Yes No

If yes, please name the certification scheme(s) and certification body(ies) : _____

(e) Please indicate if any language other than English or Bahasa Melayu is mainly used within the organization.

- Note : i) Please indicate whether it is feasible to conduct the audit in English and/or Bahasa Melayu. The use of any other language may require the use of translator(s)/ interpreter(s) for which there will be additional charges.
ii) Please ensure that at least one internal audit cycle and a management review have been conducted prior to the Stage 1 Audit.

Thank you for your co-operation in completing the questionnaire. Please ensure that all information requested have been provided to expedite the processing. Kindly submit the completed Questionnaire and Appendix to: Head of Sales and Business Development, Management System Certification Department, SIRIM QAS International Sdn. Bhd. Address : Building 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri, 40700 Shah Alam, Selangor Darul Ehsan, Malaysia. Email : ask.msc@sirim.my Fax : 603-5544 6787

Name of authorised representative responsible for filling out this questionnaire :

Date :

SIRIM Group is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to SIRIM GROUP in accordance with the Personal Data Protection Act 2010. It is your obligation to ensure that all personal information submitted and retained is accurate, not misleading, updated and complete in all aspects. SIRIM Group and/or its employees or authorised officers or agents will not be responsible for any personal information submitted by you that is inaccurate, misleading, incomplete or not updated.

Please refer to our Personal Data Protection Policy at http://www.sirim.my/privacy for further information.

FOR OFFICE USE ONLY:

Adequate information received: Proceed with contract review
Request for quotation declined. Justification for declining:

Grid of two empty boxes for office use

Head/ Executive of Sales and Business Development : _____ Date : _____