



MANAGEMENT SYSTEM CERTIFICATION

GENERAL 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 45001, 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 : _____

(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, please identify:

i) Name of consultant : _____

ii) Organization : _____

(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 this Questionnaire and Appendix. 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 Section, Management System Certification Department, SIRIM QAS International Sdn. Bhd. Building 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri, 40700 Shah Alam Selangor Darul Ehsan, Malaysia. Email : ask.msc@sirim.my

Name of authorised representative responsible for filling up this questionnaire : _____

Date : _____

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FOR OFFICE USE ONLY:

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

Head/ Executive of Sales and Business Development : _____

Date : _____