



MANAGEMENT SYSTEM CERTIFICATION

ADDITIONAL REQUEST FOR INFORMATION (RFI) IATF 16949 CERTIFICATION SCHEME

1. INFORMATION ABOUT SITES SEEKING CERTIFICATION

1.1 Please indicate below the **desired certification structure** for your application:

Desired Certification Structure	Please tick (√) in appropriate box
Single Manufacturing Site	<input type="checkbox"/>
Corporate Scheme	<input type="checkbox"/>
Single Manufacturing Site WITH Extended Site(s)	<input type="checkbox"/>

1.2 Please specify details of site to be included in the certification.

(a) Address : _____

Activities : _____

Total no. of employees	:		Details of shifts system	:	
Categories		Full Time	Part Time	Temporary	Contract
No. of employees					

1.2.1 For corporate scheme, please provide details of the other sites(s) to be covered.

(a) Address : _____

Activities : _____


Total no. of employees	:		Details of shifts system	:	
Categories		Full Time	Part Time	Temporary	Contract
No. of employees					

(b) Address : _____

Activities : _____

Total no. of employees	:		Details of shifts system	:	
Categories		Full Time	Part Time	Temporary	Contract
No. of employees					

If more sites are to be covered, please provide a separate list.

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1.2.2 For Single Manufacturing Site WITH Extended Manufacturing Site(s) ONLY, please provide details of the other sites(s) to be covered

(a) Address : _____

 Activities : _____

Total no. of employees	:		Details of shifts system	:	
Categories		Full Time	Part Time	Temporary	Contract
No. of employees					

(b) Address : _____

 Activities : _____

Total no. of employees	:		Details of shifts system	:	
Categories		Full Time	Part Time	Temporary	Contract
No. of employees					

If more Extended Manufacturing Site(s) are to be covered, please provide a separate list.

1.2.2.1 For Single Manufacturing Site WITH Extended Manufacturing Site(s), please provide these additional details about the transit time between the Main Manufacturing Site and the additional Extended Manufacturing Sites(s)

Main Manufacturing Site to **Extended Manufacturing Site 1** Transit Time:

Main Manufacturing Site to **Extended Manufacturing Site 2** Transit Time:

If more Extended Manufacturing Site(s) are to be covered, please provide a separate list.

1.3 Please specify Remote Support Location (is any) to be included in the certification

(a) Address : _____

 Activities : _____

No. of employees supporting the main site	:	
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(b) Address : _____

 Activities : _____

No. of employees supporting the main site	:	
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If more remote support location are to be covered, please provide a separate list.

Note: "Employees" refers to all employees involved in the implementation of the system including full time, part time, temporary and contracted employees. **Please enclose organization chart.**

2. ACTIVITIES AND PROCESSES ON SITE

- (a) Please describe, within the space provided, **the scope of your organization's activity for which certification is sought. Clearly specify whether product design is included.**

Note: When determining product design responsibility, organization is allowed with two options:

- 1) Organization responsibility, including outsourced design;
- 2) Customer responsibility

- (b) Please list range of products/ services to be covered by the certification with details of the processes involved.
Please enclose relevant process flowcharts.

- (c) i. Identify the automotive customer(s) of the product including the IATF OEM supplier codes, where applicable.
ii. Identify customer specific requirement applicable to the organization.
(Note: Applicability of customer specific requirement shall consider of immediate customer and the next level of customer).

- (d) Other products or services :
List any other products manufactured or services offered for which certification are not being sought.

- (e) List of major activities which have been sub-contracted/ **outsourced** (if applicable).

- (f) Please specify national/ international regulations which your products or services have to comply with.

- (g) Have you been certified to IATF 16949 certification previously? Yes No

If yes, please provide the name of the previous certification body : _____

(Please provide audit reports from the previous three (3) year audit cycle and evidences that all nonconformities (if any) are closed.)

Please provide the status of the certificate:

Issued Cancelled Withdrawn

Thank you for your co-operation in completing this RFI. Please ensure that all information requested have been provided to expedite the processing.