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 Ple

Single Manufacturing Site

Corporate Scheme

Please tick ($$) in approp	riate box

Single Manufacturing Site WITH Extended Site(s)

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

(a) Address	

Activities

Total no. of employees		Details of shifts s	system		:			
Categories	Full Time		Part Time	Т	emp	oora	ary	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	Ter	npor	ary	Contract
No. of employees								

(b) Address :					
Activities :					
Total no. of employees	:		Details of shifts s	ystem :	
Catagorias		_	Dout Time	Тотрокот	Contract
Categories	Full Tim	e	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 :				
	1			
Total no. of employees	:	Details of shifts s	system :	
Categories	Full Time	Part Time	Temporary	Contract
No. of employees				
(b) Address :				
Activities :				
Total no. of employees	:	Details of shifts s	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 employ	vees supportin	g the main site	:		
(b) Address	:				
Activities	:			 	
No. of employ	vees supporting	g 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. <u>Please enclose organization chart.</u>

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.

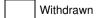
(e) List of major activities which have been sub-contracted/ outsourced (if applicable).

(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 closed.)	e and e	evidenc	es that a	ll nonc	confor	mities (if	any) are
	Please provide the status of the certificate:							

Issued

Cancelled



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