|  |  |  |  |
| --- | --- | --- | --- |
| **CUSTOMES INFORMATION** | | | |
| Company Name |  | | |
| Address |  | | |
| City |  | | |
| Post Code |  | | |
| Country |  | | |
| Website |  | | |
| Telp |  | | |
| Fax |  | | |
| Contact Name (Director) |  | Contact Name (PIC/MR) |  |
| Phone |  | Phone |  |
| E-mail |  | E-mail |  |

|  |  |
| --- | --- |
| ***Product or Service/Scope of Industry*** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Number of Employees*** | |  | ***The*** ***Certification you are interested*** | | |
| Management |  |  |  | ISO 9001:2015 | |
| Project/Production |  |  |  | ISO 14001:2015 | |
| Administration |  |  |  | ISO 22001:2003 | |
| HRD |  |  |  | OHSAS 18001:2007 | |
| Storage/Warehouse |  |  |  | ISO 27001:2013 | |
| Quality Control/QA |  |  |  | HACCP | |
| Marketing |  |  |  | ISO 50001:2015 | |
| Other |  |  |  | Good Manufacturing Practices (GMP) | |
| **Total Employes** |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have documment**  **system procedures?** | | | |  | **How did you hear about us :** | | | | | |
|  | Yes |  | No |  |  | Consultant |  | Pathner |  | Other | |

In signing, I hereby confirm that the details recorded above are true and correct, to the best of my knowledge and that I have reviewed and agree to abide by the SQA Certification Terms and Conditions/Code of Practice

I also confirm that my company have not received any training or other services (except for certification) from SQA Certification in the previous two year period

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature : |  | Name & Position : |  | Date : |  |