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| --- |
| **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 : |  |