**QUESTIONNAIRE**

For a formal written quotation of audit fees, please complete in detail and forward to our office

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| --- | --- | --- | --- | --- |
| Name of Customer |  | | | |
| Address  Postcode | | | | |
| Telephone Number= | | | Fax Number= | |
| E-mail= | | | Web site= | |
| Contact Person= | | | Position= | |
| Number of locations  Other than above (pl use extra sheet if needed := | | |  | |
| Man Power Details | | | | |
| Male= | | Female= | | Total= |
| Working Hours = | | Shifts = | | Shift time (12hrs/8 hrs)= |
| Total  Contract employees= | | Male= | | Female= |
| Nature of work carried out = | |  | | |
| Existing customers | | □ Extend the scope of your current registration | | |
|  | | □ Add a new standard to your registration | | |
|  | | □ Transfer a registration from another certification body | | |

(Please indicate as appropriate) Standard(s)applicable(please indicate as appropriate)

□ ISO 9001□ ISO 14001□ OHSAS 18001□ ISO 27001) □ BRC □ ISO 22000 □SA-8000 , □ RJC –COP2013 & COP 2019 , □ RJC –COC 2015

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| □ Other Industry/Sector specific certification / audit please specify |
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**1. Scope of Certification** What wording would you like to see on your certificate? eg ‘Design, manufacture and installation

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**2. Main Processes**Please indicate your main departments or sections (eg Marketing, Sales, Design, Purchasing)

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**3.Work undertaken at clients’ sites/ premises** Please detail the type of work carried out at clients sites/premises (eg installation, servicing, consultancy)

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**4.Branch(es) or satellite office(s)**Please provide details of addresses, numbers of staff and activities undertaken at these locations.

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**5. Materials and Equipment**Please provide details of the main materials and equipment located at your premises (eg, Chemicals, Computers, Heating Oil, Paper, Computers, Lathes)

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**6. Brief description of your product lines and/or services provided to your customers**

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**7**.How many employees involved in scope applied for? Full time \_\_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_\_

**8.**Do you operate a shift system?**YES/NO**……….. If YES how many employees are on shifts? (%)\_\_\_\_\_\_\_\_\_\_\_

**9**.Is there any additional information you feel may help us prepare your quotation? (include details of any outsourced processes such as design, installation etc)

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*The above details help us provide an accurate quotation.All information is treated with strict confidentiality.*

|  |  |
| --- | --- |
| Signed | Position |
| Date |  |

Note: In case of any Query you may contact Mr. Ketan Pandya on 91-9821894300. Send the filled form to [nitin@padmakala.com](mailto:nitin@padmakala.com) / [ketan@padmakala.com](mailto:ketan@padmakala.com)