

## Application for Assessment

This profile enables us to provide you with the quotation/contract to meet your Management System Certification requirements. Please complete (in block capitals) and return to us by fax with a copy of corporate entity/legal status documentation such as Business Registration License, existing ISO Certificate (if any), Project List, Certification Site List, etc.

In case of enquiries, please feel free to contact us at 2377 9547.

### **COMPANY**

Name of Company: \_\_\_\_\_

公司名稱: \_\_\_\_\_

Business Registration No./ Legal Status Document Ref: \_\_\_\_\_

Address: \_\_\_\_\_

Certification site(s): \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Does your company consist of several premises all contributing to the overall certification? If yes, please complete a copy of project list / certification sites

### **PRODUCT/SERVICE DETAILS**

Scope of certification: \_\_\_\_\_

*\*We commit to inform you all the project sites within the above scope prior to each audit.*

Apply for the certification of (please tick)

ISO 9001:2015  ISO 14001:2015  OHSAS 18001:2007  ISO 22000:2005

ISO 14064-1:2006  Others \_\_\_\_\_ (please specify)

Our target date of certification: \_\_\_\_\_ Our manual is ready on \_\_\_\_\_ (date)

If your company has used consultancy relating to the management system, the company name of management consultant is \_\_\_\_\_

If your company has been certified by other certification body and want to transfer the certification to us, please give us the following information:

We have been certified to \_\_\_\_\_ by Certification Body \_\_\_\_\_

Expiry date of certificate: \_\_\_\_\_

### **EMPLOYEE DETAILS**

Total no. of employee in company: \_\_\_\_\_ Total no. of outsourced employee: \_\_\_\_\_

They work shift systems? Yes  No

***For internal use only:***

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Hong Kong Certification Services International Limited 香港認證服務國際有限公司**

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