

## CLIENT INFORMATION AND REVIEW

Please complete the questionnaire supplying as much information as possible and if necessary, attach supporting information.

This is necessary and important for Alpha Certifications to prepare an accurate quotation.  
The quotation will be submitted with information regarding conditions for certification.

Company Name

Company registration no.

Company VAT no.

Is the company part of a larger organization?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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NO OF SITES:

If YES, please supply further information

Company postal address

Tel no

Fax no

Representative name

Position

Cell no

E-mail

Website

CEO Name

Name of consultant/consultancy if used within the last 2 years:

Information regarding the company and sites to be registered:

**To which Standard(s) is certification required:**

ISO 9001:2015	<input type="checkbox"/>	ISO 14001:2015	<input type="checkbox"/>	ISO 45001:2018	<input type="checkbox"/>
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**TAKE NOTE:**

EXCLUSIONS FOR ISO 14001, OHSAS 18001 & ISO 45001 NOT APPLICABLE

**Exclusions for ISO 9001:2015**

Please complete/amend all details on the Client Information form and return E-mail to [zelda@alphacs.co.za](mailto:zelda@alphacs.co.za) or Fax to 086 623 5281

State the scope of certification: (i.e., products and or services to be covered by the certification)

Outsourced processes: YES  NO  . If yes detail below:-

Legal requirements/other certification/marks etc. YES  NO  . If yes detail below:-

**COMPLETION OF PAGE 3 (SITES TO BE CERTIFICATED)**

1. Indicate name of site/s to be audited
2. Indicate address of each site/s to be audited
3. Indicate departments/processes within the organisation per site i.e., purchasing, stores, training, workshop, stores, despatch etc
4. Indicate number of permanent employees per site (Involvement in Quality Management System)
5. Indicate number of part-time employees per site (Involvement in Quality Management System)
6. Indicate whether shift work is conducted and number of employees per shift per site (Involvement in Quality Management System)
7. Indicate how many Sub-contractors per site (Involvement in Quality Management System)

Signed

Position

Date

SITES TO BE CERTIFICATED				
SITE NAME	ADDRESS	DEPARTMENTS/PROCESS	<u>NUMBER OF: -</u>	
SITE 1 HEAD/CENTRAL OFFICE			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE 2 (complete if applicable)			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE 3 (complete if applicable)			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE 4 (complete if applicable)			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE 5 (complete if applicable)			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	
SITE 6 (complete if applicable)			Permanent Employees	
			Part-time Employees	
			Employees per shift	
			Sub-contractors	

**NOTE:**

If your organisation has more than a total of 6 sites (including Head Office) please make a copy of Page 3.