



# Company Profile

Company Name: _____	Phone: _____
Address: _____	Fax: _____
	E-Mail: _____
	Website : _____
Management Representative: (Name & Title)	

Scope of the Certification:

Describe Process of Business / Product:

List of Outsourced activity:

Name of Consultant ( If Any ) :	
Details of Consultants (if Used)	

**ISO Standard (s):** ISO 9001:2008 ( With / Without Design )

Site Profile (Please Attach Separate Page if required)				
<i>Location / Site</i>	<i>Primary Language</i>	<i>No. of Employees</i>	<i>No. of Shifts</i>	<i>Hours of Shift</i>

IAF/ NACE Code (s) (If unknown, leave blank):

Applicable Industrial Codes / Standards (Legal / Statutory / Regulatory):

Special Considerations (health, safety or security):

Additional Information: (please identify if your company is currently certified with another registrar)

Preferred Dates for Your Registration Activities		
Pre Audit	Stage 1 audit	Stage 2 audit

Information Provided By (Name & Signature):	Date:
Position:	

**PLEASE FILL THIS FORM & SEND BACK TO US ON FAX: +91-22-2574 6200/2574 6804 OR  
E-MAIL: [qssqms@gmail.com](mailto:qssqms@gmail.com)**