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| --- |
| 1. **COMPANY DATA**
 |
| COMPANY NAME | 🖉 |
| TAX NR. | 🖉 | UNIQUE CODE | 🖉 |
| LEGAL OFFICE ADDRESS | 🖉 |
| OPERATIONAL SITE ADDRESS | 🖉 |
| LINKED COMPANIES (IF APPLICABLE) | 🖉 |
| CORPORATE GOVERNANCE | 🖉 |
| PHONE | 🖉 |
| FAX | 🖉 |
| E-MAIL | 🖉 |
| MANAGEMENT SYSTEM RAPRESENTATIVE / PRODUCT RESPONSIBLE  | 🖉 |
| PHONE / MOBILE  | 🖉 |
| FAX | 🖉 |
| E-MAIL | 🖉 |
| 1. **TYPE OF AUDIT**
 |
| [ ]  NEW CERTIFICATION [ ]  TRANSFER AUDIT  |
| 1. **SCHEME OF CERTIFICATION / ATTESTATION**
 |
| [ ]  ISO 9001:2015 | [ ]  ISO 14001:2015 | [ ]  ISO / IEC 27001:2022 | [ ]  ISO 21001:2018 |
| [ ]  ISO 45001:2018 | [ ]  ISO 22000:2018 | [ ]  ISO 50001:2018 |  [ ]  ISO 39001:2012 |
| [ ]  HACCP | [ ]  Reg. 333/2011 | [ ]  Reg. 715/2013 | [ ]  MTIC 56002:2019(ISO 56002) |
| [ ]  KMQG-1.0-2023 | [ ]  OTHER ........................................................................................................................................ |
| 1. **INTEGRATED AUDIT** (In case of more management system schemes, please cross which documentation is integrated)
 |
| [ ]  Management Reviews that consider the overall business strategy and plan[ ]  An integrated approach to internal audits.[ ]  An integrated approach to policy and objectives. [ ]  An integrated approach to systems processes.[ ]  An integrated documentation set including work instructions, to a good level of development as appropriate.[ ]  An integrated approach to improvement mechanisms, (Corrective and Preventive Action; measurements and Continual Improvement).[ ]  An integrated approach to planning, with good use of business wide risk management approaches.[ ]  Unified management support and responsibilities. |
| 1. **PERSONNEL OF COMPANY INVOLVED IN MANAGEMENT SYSTEM**
 |
| No. employees full-time | 🖉 | No. part-time employees | 🖉 | Notes: 🖉 |
| No. employees per shift / No. Shifts  | 🖉 | No. seasonal employees  | 🖉 |
| Other sources (freelances, subcontractor , etc.) involved in the processes to certify. | 🖉 |
| ADDRESS OF OPERATIVE SITES / BRANCH OFFICE(TO VERIFY) | NO. EMPLOYEES / SHIFT | NOTES |
| 🖉 | 🖉 | 🖉 | 🖉 |
| 🖉 | 🖉 | 🖉 | 🖉 |
| 🖉 | 🖉 | 🖉 | 🖉 |
| 1. **FIELD OF ACTIVITY** (Proposal for scope of certificate) (please attached a copy of your Chamber of Commerce registration)
 |
| 🖉 |
|  |
| * 1. Exclusions of applicability for realization of product and justification [[1]](#footnote-1) 🖉
 |
| * 1. Outsourcing activities 🖉
 |
| * 1. Further information 🖉
 |
| Company has been already certified by another certification Body? If yes, which one?🖉  |
| Expiring date of certificate: 🖉 |
| Did the Company receive a outsourcing training or consulting service for implementing or maintaining your MS? If yes, Please fill following fields: |
| Period: 🖉 | Type: 🖉 | Consultant: 🖉 |
| *NOTE: The certification body reserves the right to request further documents for the preparation of the offer if necessary* |
| 1. **TRANSFER CERTIFICATION AUDIT** (please fill in TIC-F-MS-03\_07 Specific Information for Certification Transfer form)
 |
| 1. **SPECIFIC REQUESTS ABOUT SERVICE**
 |
| Company wishes receiving a Pre-audit? | [ ]  **YES** [ ] NO |
| Potential deadline for achievement of the certificate: 🖉 |
| 1. **SPECIFIC CERTIFICATION REQUIREMENTS**
 |
| Depending on the certification required, please complete the form:* TIC-F-MS-03\_04 Specific information for ISO/IEC 27001 requirements
* TIC-F-MS-03\_06 Specific information for ISO 50001 requirements;
* TIC-F-MS-03\_10 Specific information for ISO 22000 requirements;
* TIC-F-MS-03\_11 Specific information for ISO 45001 requirements;
 |
| 1. **HOW DID YOU KNOW ABOUT InterCert?**
 |
| [ ]  Advertisement | [ ]  Recommendation of Companies certified by InterCert |
| [ ]  Internet | [ ]  Direct contact with InterCert |
| [ ]  Seminars | [ ]  Other: 🖉 |

Your personal data will be managed by InterCert in compliance with national legislation in privacy matter.

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Place, date Stamp, Signature of Company Legal Representative

1. Only for Quality Management System [↑](#footnote-ref-1)