***This Application Form is intended as a self-description of your company. This questionnaire helps us to estimate the scope and resulting effort involved in the performance of a certification.***

**General Business Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | | |
| Corporate / Legal Entity |  | | |
| Address (H.O.) |  | | |
| Country |  | Phone |  |
| Company Website |  | Fax |  |
|  | | | |
| **Contact Person Details** | | | |
| Name |  | | |
| Designation |  | | |
| Phone No./Mobile |  | | |
| E-mail |  | | |
|  | | | |
| **What would you like to appear on your certificate? (This is the scope of the certificate)** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

**Staffs and Sites Specific Information:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of employees (at all locations) engaged in** | | | **Full Time** | | **Part Time** | | **Contracted Employees** | | **Number of Employees engaged in identical or similar activities** | |
| Management & Administrative Activities | | | ---- | | ---- | | ---- | | ---- | |
| Design & Development Activities | | | ---- | | ---- | | ---- | | ---- | |
| Sales/Marketing | | | ---- | | ---- | | ---- | | ---- | |
| Purchase | | | ---- | | ---- | | ---- | | ---- | |
| Production & QC/QA | | | ---- | | ---- | | ---- | | ---- | |
| Stores, Warehouse & Transport Activities | | | ---- | | ---- | | ---- | | ---- | |
| Other Activities (please specify) | | | ---- | | ---- | | ---- | | ---- | |
| Total | | | ---- | | ---- | | ---- | | ---- | |
|  | | | | | | | | | | |
| **General Shift** | **Shift-1** | | | **Shift-2** | | | | **Shift-3** | | **Total No. of Employees** |
| ---- | ---- | | | ---- | | | | ---- | | ---- |
|  | | | | | | | | | | |
| **Details of the Sites to be Covered Under Certification** | | | | | | | | | | |
| Number of Location | |  | | | | | | | | |
| **Please list all Sites:** | | | | | | **Main Activities at each Site:** | | | | |
|  | | | | | |  | | | | |

**Additional Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Application** | **New** | | |  | | **Renew** | | | | |  | | **Transfer** | | |  |
| **Any Changes in Certificate(s)** (i.e. *Extensions to scope, Address change or addition, others*) | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Applicable Certification Programme** | **ISO 9001** | |  | | **ISO 14001** | | | | |  | | **OHSAS 18001** | | | |  |
| **ISO 45001** | |  | | **ISO 21001** | | | | |  | | **ISO 22000** | | | |  |
| **ISO 27001** | |  | | **Any Other Standard** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
| **In the case of several certification programmes, would you like the audits to be combined or carried out separately?** | **Combined** | | | | | |  | **Separate** | | | | | | | |  |
| If combined, specify the combination required |  | | | | | | | | | | | | | | | |
| **Have You A Specific Programme/Time schedule for Achieving Certification?** |  | | | | | | | | | | | | | | | |
| Have you called on the services of a consultant? |  | **No** | | | | | | |  | | | | | **Yes** | | |
| If yes, please specify Name & Contact No. |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **BUSINESS INFORMATION** | | | | | | | | | | | | | | | | |
| \*Details of Products Manufactured or Services Provided: (Please Attach List.) |  | | | | | | | | | | | | | | | |
| \*Details of Manufacturing / Service Processes: (Process Flow Chart) |  | | | | | | | | | | | | | | | |
| \*Details of Functional Units/ Departments in Organization  Please attach Organization Chart |  | | | | | | | | | | | | | | | |
| \*Applicable Regulatory & Statutory Requirements to the Products / Services / Processes: |  | | | | | | | | | | | | | | | |
| \*Any Ongoing Issue pending decision by Local / Regulatory / Statutory Authority which has an impact to the nature of business. |  | | | **No** | | | |  | | | | | | | **Yes** | |
| If yes, Please Specify |  | | | | | | | | | | | | | | | |

**Standard(s) Specific Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality Management System** | **ISO 9001:2015** | | |  |
| Is there any process outsourced that affects product conformity? | **No** |  | **Yes – Describe** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If yes, give the name of the outsourced process |  | | | |
| Exclusions, if any? | **No** |  | **Yes – Describe** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the documented system (Procedures, W.I., Forms/Formats etc.) has been implemented for a period of at least three months followed by at least one internal audit and a management review? | **No** |  | **Yes – Describe** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If yes, give the dates of Internal Audit and Management Review. |  | | | |
|  | | | | |

**Declaration:** We accept the terms and conditions of certification process and agree to abide by the Certification requirements as provided by BCIMS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s Name** | **Designation** | **Client’s Signature** | **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |  | **------------** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(FOR BCI MANAGEMENT SYSTEMS PVT. LTD. USE ONLY)** | | | | |
| **Can the application be further processed?** |  | **Yes** |  | **No - Describe** |
| (If No) Reason for Non-processing:\_\_\_\_\_\_\_\_\_ | | | | |
| **Reviewed By:** \_\_\_\_\_\_\_\_\_ | **Date:** -------- | | | |
| **Signature:** | | | | |