



## APPLICATION FOR ISO CERTIFICATION

**ISO 9001 (QMS) – ISO 14001 (EMS) – ISO 18001 (OHSAS) – ISO 22000 – HACCP – ISO 20000 (ITMS) – ISO 27001 (ISMS) – ISO 22301 (BCMS) – ISO 50001 (EnMS) - ISO 13485 – ISO 17025 – ISO 28001 – GMP – CE Marking**



*Kayzed Consultants*

### WEBSITES

[www.isoksa.com](http://www.isoksa.com)

[www.isoriyadh.com](http://www.isoriyadh.com)

[www.kayzedconsultants.com](http://www.kayzedconsultants.com)

## ***PART I – COMPANY DETAILS***

**ORGANISATION NAME** :

**ADDRESS** :

**POSTAL CODE** :

**TELEPHONE NUMBER** :

**WEBSITE** :

**NAME OF CHIEF EXECUTIVE:**

**CONTACT PERSON NAME** :

**POSITION** :

**MOBILE NUMBER** :

**EMAIL ADDRESS** :

### **ADDRESSES OF OTHER OFFICES / MANUFACTURING PLANT**

**SITE OFFICE 1** :

**SITEOFFICE 2** :

**SITE OFFICE 3** :

### **YOU NEED QUOTE FOR (TICK ✓ AS APPLICABLE)**

<b>ISO 9001:2015</b>	<input type="checkbox"/>	<b>HACCP</b>	<input type="checkbox"/>	<b>ISO 17025:2005</b>	<input type="checkbox"/>	<b>ISO 20000:2011</b>	<input type="checkbox"/>
<b>ISO 14001:2015</b>	<input type="checkbox"/>	<b>ISO 50001:2011</b>	<input type="checkbox"/>	<b>GMP</b>	<input type="checkbox"/>	<b>ISO 27001:2013</b>	<input type="checkbox"/>
<b>OHSAS 18001:2007</b>	<input type="checkbox"/>	<b>ISO 28001:2007</b>	<input type="checkbox"/>	<b>SA 8000:1997</b>	<input type="checkbox"/>	<b>ISO 22301:2012</b>	<input type="checkbox"/>
<b>ISO 22000:2005</b>	<input type="checkbox"/>	<b>ISO 13485:2003</b>	<input type="checkbox"/>	<b>ISO 15189:2012</b>	<input type="checkbox"/>	<b>ISO 10001:2007</b>	<input type="checkbox"/>

**ANY OTHER** :

## ***PART II – BUSINESS ACTIVITY DETAILS***

**INDUSTRY TYPE:**

**BRIEF DESCRIPTION ABOUT THE ORGANISATION:**  
**(Your business activities)**

**WHO ARE YOUR MAIN CUSTOMERS?**  
**(E.g. Construction, Engineering, Automotive Industry, Freight Forwarding, Pharmacy, Etc)**

**WHAT IS YOUR MAIN PROCESS OR ACTIVITIES? (E.g. Marketing, Purchasing, Etc)**  
**Please attach your process flow chart or brief description of how the processes are carried out**

**BRANCH DETAILS:**  
**If any of your regional or branch offices are responsible for quality system management. Please provide complete address and number of employees at each location**

## PART III- EMPLOYEE DETAILS

Particulars:	No. of Employees:	
MANAGEMENT	:	<input type="text"/>
MANAGERS	:	<input type="text"/>
EXECUTIVES	:	<input type="text"/>
WORKFORCE	:	<input type="text"/>
OTHERS	:	<input type="text"/>

Total Number of Employees:

Total Number of Full Time Employees:

Total Number of Part Time Contracted Employees:

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### SHIFT DETAILS:

Shift:	No. of Employees:	
GENERAL SHIFT	:	<input type="text"/>
1 <sup>st</sup> SHIFT	:	<input type="text"/>
2 <sup>nd</sup> SHIFT	:	<input type="text"/>
3 <sup>rd</sup> SHIFT	:	<input type="text"/>
Weekly Holidays	:	<input type="text"/>

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### EXPECTED DATE OF COMPLETION OF PROJECT

Please mention time period within which the certification process should be completed

Time Period ( <i>in Weeks</i> )	:	<input type="text"/>
Proposed Start Date of Project	:	<input type="text"/>

