**INITIAL ENQUIARY FORM**

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| --- |
| \*Name of Company:  |
| Address:  |
| Contact Person: | Position:  |
| Fixed Landline No.: | Landline Number |
| Mobile No.: | Email: |
| Scope of the organization:- |
| Key Process in the organization:- |
| Key Machines & Equipments:- |
| Any process for which material send for outsource activity. |

|  |  |  |
| --- | --- | --- |
| Total No. of Shifts:  | Total No. of Personnel (Full Time):  |  |
| Total No. of Personnel (Part Time/Contract Based): |  |
| \*Employee Details  | Shift | Management/ Admin/ HR | Production/Service Provision/ QA | Design | Other |
| Full Time Employees | I |  |  |  |  |
| II |  |  |  |  |
| III |  |  |  |  |

|  |
| --- |
| Do you operate at your customer site: YES NO No. of Employees:-  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

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| --- |
| Management System Standard for Registration-Tick the relevant option:  |
| * ISO 9001
 | * ISO
 |
| * ISO 14001
 | *
 |
| * OHSAS 18001
 | *
 |
| * ISO 27001
 | *
 |
| * ISO 13485
 |  |
| * ISO 22000
 | * ISO
 |
| * HACCP
 | *
 |
| *
 | * OTHERS (Please provide

 details in the space above) |

Are you using a consultant YES NO |
| If yes please specify name/ organization:Consultant’s Name Mobile No.  |
| Please Provide Details of Statutory/ Regulatory Requirement associated with the Manufacturing of Product or Provision of Services: |
| Please provide details of your Management System Documentation status of structure and effective date:  |
| Any other information you would like to share with us:   |

Please send in original to UQC Global Certifications office.

Name / Signature :-

Date: