**INITIAL ENQUIARY FORM**

|  |  |
| --- | --- |
| \*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:- |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 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: