



Management Systems Certification Proposal Request Form

Registration type: New Certification / Transfer (if transfer please provide previous certificate and audit report)			
Organization name:			
Address:			
Country:		State:	
Telephone:	Mobile:		Fax:
E-Mail:		Website:	
Contact Person:		Designation:	
Scope:			
Product Line:			
Certification Required: (ISO9001/ISO14001/ISO22000/OHSAS 18000/Other)			
Surveillance Frequency:			
Number of site(s) & shift(s): (if more than one please give detail)			
Number of Employees:		Full Time:	
		Part Time:	
Number of Subcontractors:		Full Time:	
		Part Time:	
Is Design applicable or not applicable: (If applicable give detail?)			
Any special/outsourced processes /risks /or exclusion(s):			
If you have employed any Consultancy co. Please give detail:			
We are agree to comply all terms and conditions & Certification regulations available at www.acsregistrars.in			
Date:		Signed & Stamped:	

REGD. OFFICE : D-355, Shri Laxmi House (Off.: 105), Opp. Subway, Vikas Marg, Laxmi Nagar, New Delhi – 110 092, INDIA

OPERATION OFFICE : 29B/47, Vrindavan Complex, New Mandi, Muzaffarnagar, Uttar Pradesh, India

Ph.: +91-11-4302 8790 **Fax:** +91-11-6617 3958 **E-mail:** info@acsregistrars.in **URL:** http://www.acsregistrars.in