



MAP Certifications Private Limited

INDIA OFFICE

1/855, SECTOR-1, VASUNDHARA,
GHAZIABAD – 201012, UTTAR PRADESH, INDIA

INTERNATIONAL OFFICE

185 DON MINAKER DR,
BRAMPTON, ON L6P 2V1

CLIENT INFORMATION FORM (CIF)

Section 1 - Client Information:

Client Name			Contact Person:				
			Title: Prop / MR				
Address:		Contact Details	Telephone No.:				
			Fax No.:				
			Mobile No.:				
			Email Id:				
			Website:				
No. of Sites: 1		Do they work in shift? 0 Yes 0 No		Language(s) Used:			
		If Yes, then no. of employees per shift					
Categories e.g. sales / admin / production / finance	Permanent Employees	Temporary Employees	Shift & Timing			Permanent Employees	Temporary Employees
<i>Total Employees</i>							
* Employees include permanent and non-permanent (seasonal, temporary and sub-contracted) personnel							
Product/Services provided by the company:			Key Process and Raw Material Used:				
Details of any outsourced process (if any):							
Type of site	Additional Site Address(s):						

*Site Type Legend: **HO** => Head Office, **SC** => Service Center, **DC** => Distribution Center, **RO** => Regional / Divisional Office, **MS** => Manufacturing Site, **SO** => Sales Office, **WH** => Warehouse, **O** => Other



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Section 2 - Management System Information:

Project Type:	<input type="checkbox"/> Initial Certification	<input type="checkbox"/> Change in Scope		
	<input type="checkbox"/> Re- Assessment	<input type="checkbox"/> Addition of Product / Services		
	<input type="checkbox"/> Transfer - Assessment	<input type="checkbox"/> Addition / Deletion of sites		
	<i>In case of Transfer - Assessment, (please provide copy of certificate and details like certification body name, validity of certificate and reason for transfer)</i>			
Management Standard	Quality	<input type="checkbox"/> ISO 9001:2015	Food	<input type="checkbox"/> ISO 22000
	Environment	<input type="checkbox"/> ISO 14001:2015		<input type="checkbox"/> HACCP
	Health & Safety	<input type="checkbox"/> ISO 18001:2007	I.T	<input type="checkbox"/> 27001:2015
	Other (please specify)			

Scope of certification:

Details of Exclusion with justification, (if any):

FOR ISO 18001:2007 Audit criteria only (most significant hazards/risks of your organization)	FOR ISO 14001:2004 Audit criteria only (most significant environmental aspects of your organization)
<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Emissions to air, including noise
<input type="checkbox"/> Electricity	<input type="checkbox"/> Releases to land and water (including storm sewers, other surface waters, sanitary sewer, and ground water)
<input type="checkbox"/> Machine Safety	<input type="checkbox"/> Waste management, (hazardous, non-hazardous, and special: batteries, bulbs)
<input type="checkbox"/> Air Quality	<input type="checkbox"/> Use of raw materials and natural resources, (including distribution, transportation, energy and water us)
<input type="checkbox"/> Hazardous substances	<input type="checkbox"/> Other local environmental issues (including end of life of product)
Others, please specify	Other, please specify

Section 3 - General Information:

Please provide any additional information that could help us have a better understanding of your organization:

Have you used consultant? If yes, please provide details

Name & Signature	Designation	Date
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* Please return this questionnaire filled properly as it would enables us to provide you with a proposal for registration of your Management System(s). In case of any query, please feel free to get in touch with us on our helpline number or email us and we will be happy to help you.



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