**Company Data (Headquarters)**

|  |  |
| --- | --- |
| Company's Name |  |
| Address |  | Postal Code |  | City / Region |  |
| Country |  |
| Phone |  | Fax |  |
| e-mail |  | Website |  |
| QS- ID Number |  | QS Location Number |  |
| Seasonal operation (Yes/Νo) |  | Employees (Number) |  | Shifts (Number) |  |
| Contact Person | (Title/Name/Last Name) | Phone No |  | e-mail |  |

**Data of Location to be Audited (If Different from Company’s Headquarters)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location 1** | **Location 2** | **Location 3** |
| Location’s Name |  |  |  |
| Address, Postal Code |  |  |  |
| City / Region |  |  |  |
| Country |  |  |  |
| Phone / Fax |  |  |  |
| e-mail |  |  |  |
| Contact Person |  |  |  |
| QS Location Number |  |  |  |
| Seasonal operation |  |  |  |
| Employees (Number) |  |  |  |
| Shifts (Number) |  |  |  |

**Audit Data**

|  |  |  |
| --- | --- | --- |
|  | **Type of Certification** | **Certification Scope** |
| Headquarters | ... | ... |
| Location 1 | ... | ... |
| Location 2 | ... | ... |
| Location 3 | ... | ... |

**Audit Scheduling** (Please indicate the desired audit date)

|  |
| --- |
| **If pre-audit is needed**  |
| ***Date*** | ***Alternative date 1*** | ***Alternative date 2*** |
|  |  |  |
| **For Regular Audit** |
| ***Date*** | ***Alternative date 1*** | ***Alternative date 2*** |
|  |  |  |

**Registration Fee in QS-Scheme only for Certification Scope Logistics**

* Up to 3 Locations 150€/year
* For each additional Location 50€/year

The basis for the recognition of QS participation fees for the program, which is invoiced by the certification body, is September 30th of each year.

***Note:*** The prizes do not include VAT and the cost of the audit and certification.

Signing this application means acceptance of the terms of certification which include:

* The commitment to comply with the requirements of the current version of the scheme.
* The obligation to pay the registration costs.
* The Regulation of Certification that accompanies the application.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Company’s Representative** | **Date** | **Signature / Seal** |

**PERSONAL DATA PROTECTION**

**By signing this Application**, Customer is committed to have acquired consent from the subjects of any personal data to be used in the context of the control / certification service (including sending offer, signing contract, audit planning / conducting, alerts).

Optionally, by ticking the following checkbox, Customer is committed to have acquired consent from the subjects of any personal data to be used:

☐ for receiving on behalf of the Customer any marketing emails regarding Q-CERT’s new services and certifications

***Guidelines / Notes:***

* This form should be filled in and send either via email to sales@qmscert.com or via fax at **+30 2310 443094**
* Submitting accurate and complete information facilitates and thus accelerates the delivery of our quotation
* You may use additional documents / pages if needed
* In case of a Transfer from other Certification Body, please contact our offices, at: **+30 2310 443041, +30 2310 535765**
* You may find additional information regarding the Certification Procedures and Audit Information & Expectations on our website: [www.qmscert.com](http://www.qmscert.com)

Q-CERT will process all personal data that it collects during the audit in accordance with the relevant laws / regulations for the purposes stated above. In particular, it will maintain a record that is available to the customer, with a duration as defined by the relevant legislation / regulation. At the end of the scheduled duration of the record, Q-CERT is committed to destroy it in accordance with the applicable provisions. Subjects retain their right to withdraw their consent at any time, by sending a request at privacy@qmscert.com. Additional information on Personal Data Protection is available on Q-CERT website [www.qmscert.com](http://www.qmscert.com)