# Organization Profile

This is used to request a Quote / Contract regarding the Certification of Management Systems / Processes; it is filled in by the Organization / Company Representative. Page 2 includes instructions on how to send it back to QMSCERT Certification Body.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization – Communication Information | | | | | | | | | | | | | | | | | | | | |
| Organization Name | | | | | | ... | | | | | | | | | | | | | | |
| Organization Address | | | | | | ... | | | | | | | | | | | Country | | ... | |
| Legal Form | | | | | | ... | | | | | Tax Number | | ... | | | | Tax Office | | ... | |
| Organization Representative | | | | | | ... | | | | | | | | | Preferred Language | | | | ... | |
| Telephone Numbers | | ... | | | | | | | | | | | Email | ... | | | | | | |
| Fax | ... | | | | | | | | | | | Website Address | | ... | | | | | | |
| Consultant / Consulting Group | | | | | | | ... | | | | | | | | | | | | | |
| Audit Information | | | | | | | | | | | | | | | | | | | | |
| ... - Registration | | | ... - Re-Certification | | | | | | | ... - Transfer from another CB | | | | | | ... - Transition to new Standard Revision | | | | |
| Standard / Directive  (select or type your own) | | | | EA/NACE Code(s) | | | | | Scope  (if common among all Standards, then only fill in once) | | | | | | | | | Audit Type  (for composite audits) | | |
| ... | | | | ... | | | | | ... | | | | | | | | | ... | | |
| ... | | | | ... | | | | | ... | | | | | | | | | ... | | |
| ... | | | | ... | | | | | ... | | | | | | | | | ... | | |
| ... | | | | ... | | | | | ... | | | | | | | | | ... | | |
| Other Management System implemented | | | | | ... | | | | | | | | | | | | Is your Management System Integrated? | | | ... |
| Standard Exclusions | | | | | ... | | | | | | | | | | | | No of HACCP Studies  (only for Food Safety MS) | | | ... |
| Processes excluded from the Certification (if applicable) | | | | | | | | ... | | | | | | | | | | | | |
| Processes outsourced to Subcontractors (if applicable) | | | | | | | | ... | | | | | | | | | | | | |
| Applicable Legal Requirements or / and Relevant Standards | | | | | | | | ... | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sites: Addresses & Related Information | | | | | | | | |
|  | Site Address  (only sites which are part of the Certification) | | Number of Employees | | Number of Shifts | Square Meters | | Construction / Renovation Year |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
|  | ... | | ... | | ... | ... | | ... |
| Personnel Statistics | | | | | | | | |
| Total number of **full-time employees** under the certification scope | | | | | | | ... | |
| From which, non-critical or repetitive duties have (number of full-time employees) | | | | | | | ... | |
| Total number of **part-time employees** under the certification scope | | | | | | | ... | |
| From which, non-critical or repetitive duties have (number of part-time employees) | | | | | | | ... | |
| Other | | | | | | | | |
| Comments / Notes | | Preferred Audit Dates | | ... | | | | |
| ... | | | | | | | | |

PERSONAL DATA PROTECTION

**By signing this Agreement**, 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

|  |  |  |
| --- | --- | --- |
| ... |  | ... |
| Representative Name | Signature | Date of Application |

Guidelines / Notes:

* This form should be filled in and send either via email to [sales@qmscert.com](mailto: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/en)

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](mailto:privacy@qmscert.com). Additional information on Personal Data Protection is available on Q-CERT website [www.qmscert.com](http://www.qmscert.com)