**No Obligation Statement**

Before we can prepare a written estimate of costs we need certain information about your organisation and staff, so if you will please complete the application form and return it to us through email at info@k2amanagement.com, we will then submit a quotation tailored exactly to your situation.

All information supplied will be treated with strict confidence. Your application does not commit you to using our services in any way, and no application fee will be charged.

**NOTE:** Please complete all the columns and provide us accurate information to estimate your Number of Audit Man Days

**Part-1: About your Organisation**

|  |  |
| --- | --- |
| Your Company Name |  |
| Registered Address |  |
| Office Address |  |
| Office Contact Numbers: |  |
| Mobile Contact Number |  |
| Contact Person |  |
| Contact Person Designation |  |
| Contact Person Mobile |  |
| Contact Person Email ID |  |
| Preferred Time to Contact |  |
| Name of Managing Director/ Decision Maker |  |
| Email Managing Director/ Decision Maker |  |
| Year of Business Establishment |  |
| Company Number |  |

**Part-2: Employees and Offices**

|  |  |  |  |
| --- | --- | --- | --- |
| How many total full Time employees do you have in your Organisation? | |  | |
| Do you use sub-contractors in your business? | |  | |
| Do you have part time employees? | | **□Yes □ NO If Yes How Many? ………..** | |
| How many office Locations do you have? | |  | |
| All Office Locations conducts same business activities? | | **□Yes □ NO**  **If your answer is no, Please fill the below columns** | |
| **S. No** | **Location Address** | **Business Activity** | **No of Employees** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part-3: Management System Information**

|  |  |
| --- | --- |
| What ISO Standard you wish to Apply? |  |
| What is your company Business Activity? |  |
| What product or services do you sell? |  |
| Define your Certification Scope |  |
| Do you have documented Management System? | **□Yes □ NO**  If Yes Please provide the List of documents you have with this application. |
| Have you appointed Consultant? | **□Yes □ NO** |
| If appointed Consultant please provide details | Name:  Contact Number:  Email Id: |
| When will you be ready for Initial Audit? |  |
| **Client Deceleration:**  The information provided in this application is correct and true to best of our knowledge. | |

|  |  |
| --- | --- |
| Your Name: |  |
| Your Direct Contact Number: |  |
| Business Email ID: |  |

**NOTE:**

|  |
| --- |
| Based on the information provided in this application ISB-K2A shall calculate the required Audit Man Days to Audit the client management system for initial Certification Audit and Surveillance audit periods. . The Audit Man days will reflect in the client quotation. Any change in the employee counts on acceptance of quotation at the time of registration will affect the audit Man days and will reflect in the registration application. Audit fee shall be charged on actual counts at the time of registration. |