

QUOTE REQUEST

1. Organization Details

Company Name			
Contact Person		Position	
Telephone/Mobile No.		Fax Number	
Website		Email Address	

Note: CCS System Certification is not applicable to any Certification Body

2. Details of all Sites to be included in the Certification and Activities

(Site information/details shall be filled completely if you're applying for multisite certification)

Location	Postcode and Location Address (Kindly attach each trade license for all site to be certified)	Status (Permanent site, temporary site, etc)	Enumerate Service/ Product Lines	No. of Shifts	No. Of Facilities per site	Language
Head Office						
Site 1						
Site 2						
Site 3						
Site 4						

Note: Specify in case site is virtual – where work or service is carried out using on-line environment.

3. Details of Employees and Shifts

(Please add rows as needed or add additional sheet)

Location	No. of Shift	Number of Employees					Total No.
		Full time (Top Mgt to Staff)	Part time (Top Mgt to Staff/ no. hours/day)	Production/ Service Worker (w/ same or simple task)	Production/ Service Worker (unique task)	Seasonal/Temporary (contracted for specific job or activity)	
Head Office							
Site 1							
Site 2							
Site 3							
Site 4							

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7 Certification Transfer (for certified clients only seeking for certification transfer)

Are you looking for certification transfer? (Kindly enclose the certificate copy and Recent audit report with NCR(s) if there's any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Reason:	
Is your current certification active and valid in terms of authenticity, duration and scope of certification covered by management system?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; Kindly submit the full copy of the certificate	
Is your current CB still active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No, Kindly provide written declaration that your certification is in active status, not suspended, nor under threat of suspension, nor Cancelled. Declaration that no complaints received for the last 12 months.
Is your certification currently suspended? Under threat of suspension? Cancelled?	<input type="checkbox"/> Yes		
Is there any complaint(s) received for the last 12?	<input type="checkbox"/> Yes		
Is the recent 3 rd audit report available?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Is there any outstanding NCR?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

8 Important Reminder

- Please provide complete detail for every section of this document as applicable in order for us to prepare an accurate quotation.
- If you require clarification about any questions in this form please contact your local CCS office.
- Conformity Certification Services (CCS) shall keep confidential all information relating to your organization and shall not disclose any such information to any third party except that required by the law or AB.

9 Confirmation of the Information Provided

Application Completed By (Name, Position & Signature)		Date Completed	
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10 CCS Confirmation of Application

Reviewed By (Name, Position & Signature)		Date Completed	
Remarks			