



NIMSSWIZ Certifications Pvt Limited
Pre-Questionnaire Form



Please provide maximum details which will help us to give most accurate quotation
(Use one form for each location to be included in the certification)

Company Name :			
Address :			
Business Scope:			
E-mail :		Web Site :	
Contact Person		Position :	
Phone/ Mobile of the contact person.		E-mail of the contact person.	
Where did you hear about us?			
Activities/Products to be mentioned in certificate after Audit			
Brief Explanation of the product of the organization.			
Status of Documentation and Implementation			



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Please mention all the standards you wish to opt for.

(ISO 9001:2015, ISO 14001:2015, OHSAS 18001:2007, ISO 45001:2018, ISO 22000:2005, ISO 4427:2007, ISO 9999:2016, ISO 27001:2013, ISO 13485, ISO 10993, ISO 50001, ISO 25010, ISO 37001, ISO 21001, IATF 16949 : 2016, CE Mark, HALAL, BRC, BSCI, FCC, Rohs, or others. (Please mention Others))

Total Number of Employees (full- and part-time)
in Office/ Site :

Total Number of Students (For Education Industry)

Total Occupancy (Restaurants/Hotels, Hospitals)

CONFIDENTIAL



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Number of Operational Shifts		
No. of employees in Each Shift	Shift 1:- Shift 2:- Shift 3:-	
Number of Part Time Employees.		
Stage of Certification? (Fresh Certification, Surveillance or Transfer)		
Is this a transfer from another Certification Body? (Yes or No) forward copy of latest audit report and current certificate.		Name of Previous CB
Please give full details of any out-sourced processes (i.e. vital processes/services that other companies perform on your behalf)		
Please provide full details of any consultancy company that you have employed for Implementation:		

The organization hereby undertakes to comply with the Certification regulations of NIMSSWIZ Certifications Pvt Limited available on the website <http://www.nimsswiz.com>

Notes:

- i) Please indicate your preferred target dates for the following activities:
 - a) Document Review (Specify Month/Year) :
 - b) Preliminary Review (Specify Month/Year)
 - c) Formal On-Site Review (Specify Month/Year) :
- ii) The surveillance period will be decided based on the review of application form.



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For Client Use

Name	
Designation	
Date	
/Application Review (For NIMSSWIZ CERT. Use only)	
Accreditation	
Scope/Code Evaluation	
Resource Allocation	
Review Status	
Quotation Generation	

Declaration: I have read, understand and agree to abide by the standard term of business web- overleaf which apply to this request. I understand that payment by me will be made on time and accept any account outstanding after 60 days will incur charge (see over).

NIMSSWIZ Certifications Private Limited

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web Application : <http://www.nimsswiz.com/home/application>