


O-01 A. PAGE 10F 2 JANUARY 2007	CORE QUESTIONNAIR FOR All Standards	
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To enable IQC provide a detail quotation; please provide as much detail as possible.

Please one form for each office or site, to be including in the certification.

Company Name:			
Address:			
Zip Code:		Country:	
Telephone:		Fax:	
Email:		Website:	
Contact Person:		Position	
Phone/Mobile:		Email:	
Type of Business (eg. Franchise, Prop., Corporation etc.)		VAT Number:	
Scope of Certification:			
Standard Applied for: (eg. ISO9001, ISO 14001 or ISO 18001 etc.)		Products:	
Plant Size(sq. meter)			

Total No of Employee(full -and part- time)in office /site:			
Does operate in shifts <input type="checkbox"/> yes <input type="checkbox"/> No	Number of shifts?		
Maximum Number of Employees on Site at one Time:			
Number of Part Time employees:			
Average Number of Full -Time Employees:			
Number of Employees Design/Development Department:			
Primary language :		Currency Used:	
Preferred Method of Correspondences		Payments:	
Is this a new application or extension a existing certification		<input type="checkbox"/> New	<input type="checkbox"/> Extension
If this is transfer from another certification body? If so please forward copy of latest Audit report or current Certificate.		Transfer	Name of Pervious CB
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

This Organization hereby undertakes to comply with the certification regulation of IQC available on website. www.iqcindia.co.in

Note:

- The quotation will be based on the information supplied in the core quotation air and others, should they be applicable.
- Please Indicate your preferred target dates for the following activities :
 - ❖ Document review (Specifics month/year):
 - ❖ Formal onsite review (Specifics month/year):

Signature

Position

Date.....

International Quality Certification

2/60,Lalita Park , Laxmi Nagar Delhi -110092