



# MAP Certifications Private Limited

## CLIENT INFORMATION FORM (CIF)

<b>Section 1 - Client Information:</b>						
Client Name:			Contact Person:			
Address:			Title:			
			Telephone No.:			
			Fax No.:			
			Mobile No.:			
			Email Id:			
			Website:			
Total No. of Employees			Do they work in shift? 0 Yes 0 No		Language(s) Used:	
			If Yes, then no. of employees per shift			
Categories e.g. sales / admin / production / finance	Permanent Employees	Temporary Employees	Shift & Timing	Permanent Employees	Temporary Employees	
* Employees include permanent and non-permanent (seasonal, temporary and sub-contracted) personnel						
Product/Services provided by the company:			Key Process and Raw Material Used:			
Details of any outsourced process (if any):						
Type of site	Additional Site Address(s):					
*Site Type Legend: <b>HO</b> => Head Office, <b>SC</b> => Service Center, <b>DC</b> => Distribution Center, <b>RO</b> => Regional / Divisional Office, <b>MS</b> => Manufacturing Site, <b>SO</b> => Sales Office, <b>WH</b> => Warehouse, <b>O</b> => Other						



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<b>Section 2 - Management System Information:</b>				
<b>Project Type:</b>	<input type="checkbox"/> Initial Certification	<input type="checkbox"/> Change in Scope		
	<input type="checkbox"/> Re- Assessment	<input type="checkbox"/> Addition of Product / Services		
	<input type="checkbox"/> Transfer - Assessment	<input type="checkbox"/> Addition / Deletion of sites		
<i>In case of Transfer - Assessment, (please provide copy of certificate and details like certification body name, validity of certificate and reason for transfer)</i>				
<b>Management Standard</b>	<b>Quality</b>	<input type="checkbox"/> ISO 9001:2008	<b>Food</b>	<input type="checkbox"/> ISO 22000
	<b>Environment</b>	<input type="checkbox"/> ISO 14001:2004		<input type="checkbox"/> HACCP
	<b>Health &amp; Safety</b>	<input type="checkbox"/> ISO 18001:2007	<b>I.T</b>	<input type="checkbox"/> 27001:2005
	<b>Other (please specify)</b>			
<b>Scope of certification:</b>				
<b>Details of Exclusion with justification, (if any):</b>				
<b>FOR ISO 18001:2007 Audit criteria only</b> <i>(most significant hazards/risks of your organization)</i>		<b>FOR ISO 14001:2004 Audit criteria only</b> <i>(most significant environmental aspects of your organization)</i>		
<input type="checkbox"/> Fire Safety		<input type="checkbox"/> Emissions to air, including noise		
<input type="checkbox"/> Electricity		<input type="checkbox"/> Releases to land and water (including storm sewers, other surface waters, sanitary sewer, and ground water)		
<input type="checkbox"/> Machine Safety		<input type="checkbox"/> Waste management, (hazardous, non-hazardous, and special: batteries, bulbs)		
<input type="checkbox"/> Air Quality		<input type="checkbox"/> Use of raw materials and natural resources, (including distribution, transportation, energy and water us)		
<input type="checkbox"/> Hazardous substances		<input type="checkbox"/> Other local environmental issues (including end of life of product)		
Others, please specify		Other, please specify		
<b>Section 3 - General Information:</b>				
Please provide any additional information that could help us have a better understanding of your organization:				
Have you used consultant? If yes, please provide details				
Name & Signature		Designation	Date	
* Please return this questionnaire filled properly as it would enables us to provide you with a proposal for registration of your Management System(s). In case of any query, please feel free to get in touch with us on our helpline number or email us and we will be happy to help you.				