

| Organisation Details: | |
|-----------------------|--|
| Quote made out to: | |

| Main Contact | | Accounts Contact | |
|----------------|--|------------------|--|
| Contact Name: | | Contact Name: | |
| Position: | | Position: | |
| Fixed Line N°: | | Fixed Line N°: | |
| Mobile N°: | | Mobile N°: | |
| Email address: | | Email address: | |

| Main Site Address | | Invoice Address (if different from Main Site Address) | |
|-------------------|--|-------------------------------------------------------|--|
| Building: | | Street: | |
| Street: | | Town: | |
| Area: | | Province: | |
| Town: | | Code: | |
| Province: | | VAT No: | |
| Code: | | Reg. No: | |
| Website: | | | |

| Certification Detail | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|--------------------|--------------------------|
| Certification for: (Document only if for separate sites / branches / companies, else, leave blank if same as Organisation Details above) | | Applicable standard | ISO/IEC 27001:2013 | .. |
| | | Integrated standards | ISO 9001:2015 | .. |
| | | | Other: | <input type="checkbox"/> |
| | | | | |
| | | | | |
| Certification scope (description of activities): Required* | | | | |
| Do you design / assist in the design of products? Describe: | | | | |
| Are processes high risk or highly regulated? Describe: | | | | |
| Are significant numbers of employees conducting the same task? Describe: | | | | |
| Are you Certified already? Please attach Certificate: | | | | |
| Do you outsource any key processes? Describe: | | | | |
| Confirm if there are any restricted areas / locations / proprietary / confidential information: | | | | |
| Did consultants assist / will be assisting with development of the system(s): Describe: | Company: | | | |
| | Address: | | | |
| | Email: | | | |
| | Telephone: | | | |

| Do you have more sites other than the main site (Y/N)? | | Do all sites carry out similar activities (Y/N)? | | | | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|--|----------------------|---------------------|-----------------------|
| Sites | Describe the activities (i.e. Full scope or partial with definition) | | | | Shift Work? YES / NO | Personnel per shift | Total No of Employees |
| Main Site: | | | | | | | |
| Site 1: | Address: | | | | | | |
| | Scope: | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | | | | |
| Site 2: | Address: | | | | | | |
| | Scope: | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | | | | |
| Site 3: | Address: | | | | | | |
| | Scope: | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | | | | |
| Site 4: | Address: | | | | | | |
| | Scope: | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | | | | |
| Site 5: | Address: | | | | | | |
| | Scope: | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | | | | |
| Total Number of Employees for all sites: | | | | | | | |
| Notes: | If temporary / part-time / limited duration / contracted workers are employed, please provide an estimate in full operational hours, i.e. 10 persons X average working shifts or hours of 4 HRS / daily standard working hours (8 HRS) = 5 persons If you require more space, you can use separate sheets and endorse them accordingly | | | | | | |

The type of business performed (other than IT) – (Select only one from the below options)

Which sector best describes your organisation? (Please see note below for more details)

| | |
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| Your general business, works in a non-critical and non-regulated business sector | <input type="checkbox"/> |
| Your business has customers are in a critical business sector | <input type="checkbox"/> |
| Your business operates in a critical business sector | <input type="checkbox"/> |

Note: Critical business sectors are sectors that may affect critical public services that will cause risk to health, security, economy, image and government ability to function that may have a very large negative impact to the country.

Information Technology Infrastructure – (Select only one from the below options)

Factors related to IT environment

| | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|
| IT Infrastructure Complexity | 1.Few of highly standardised IT platforms, services, operating systems, databases, networks, etc. | <input type="checkbox"/> |
| | 2.Several different IT platforms, servers, operating systems, databases, networks | <input type="checkbox"/> |
| | 3.Many different IT platforms, servers, operating systems, databases, networks | <input type="checkbox"/> |
| Dependency on outsourcing and suppliers, including cloud services | 1.Little or no dependency on outsourcing or suppliers | <input type="checkbox"/> |
| | 2.Some dependency on outsourcing or suppliers, related to some but not all-important business activities | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

| | | |
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| | 3.High dependency on outsourcing or suppliers, large impact on important business Activities | |
| Information System development | 1.None or a very limited in-house system/application development | <input type="checkbox"/> |
| | 2.Some in-house or outsourced system/application development for some important business purposes | <input type="checkbox"/> |
| | 3.Extensive in-house or outsourced system/application development for important business purposes | <input type="checkbox"/> |

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| Outsourcing and inhouse development | |
| Please select one of the following: | |
| Low – No or limited amount of in-house system/ application development | <input type="checkbox"/> |
| Medium – Some in-house or outsourced system/ application development for high-profile business purposes | <input type="checkbox"/> |
| High – Large amount of in-house or outsourced systems/ application development for high-profile business purposes or those critical services in critical business sectors or fields. | <input type="checkbox"/> |

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| Confidential data – (Select only one option from the following) | |
| What level of confidential data does your company deal with? (Please see note below for more details) | |
| Low – sensitive or confidential information or few critical assets (in term of Confidentiality, Integrity and Availability) | <input type="checkbox"/> |
| Medium – sensitive or confidential information or medium critical assets | <input type="checkbox"/> |
| High – amounts of sensitive or confidential information or highly critical assets | <input type="checkbox"/> |
| Examples of confidential or sensitive information: insurance, banking information, privacy, personally identifiable information (PII), health, payment card information, classified information. | |

| | | | |
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| Other information requirements: | | | |
| Please answer YES or NO to the following (if yes, provide further details): | | YES | NO |
| Are there any specific legal or regulatory requirements that is applicable to the scope of certification? If yes, please give details: | | | |
| Are there any records or documents which cannot be reviewed by the AfriCert auditors and/or assessors even after signing the nondisclosure agreement? If yes, please give details: | | | |
| Are any special arrangements required to allow the AfriCert auditors and/or assessors to conduct the audit e.g. special access permission / government security clearance etc. If yes, please give details: | | | |

| YES | NO | Certification Readiness | | |
|-----|----|---------------------------------------------------------------------------------------------------|-----------|--|
| | | Are your systems integrated (applicable only for multiple standards) | | |
| | | Are your systems implemented already? | How long? | |
| | | Gap analysis (useful if you have not started / not sure if you have implemented the system fully) | When? | |
| | | Preliminary audit (to confirm your readiness for Certification) | When? | |
| | | Ready for Certification | When? | |

| Please confirm | Where did you hear of AfriCert? |
|--------------------------------------------------|---------------------------------|
| Recommendation from a Consultant? Who? | |
| Recommendation from another company? Who? | |
| Via search engine e.g. google. Which one? | |
| Via an advert e.g. google / Facebook / LinkedIn? | |
| We are an existing client: | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|
| Declaration I confirm that I am authorised by the organisation to request this quotation and that the above information is correct. I confirm that the organisation undertakes to comply with the regulations relating to registration and to pay all fees and charges connected with the registration process, irrespective of the eventual granting of registration. | | | |
| Name: | | Date: | |
| Please sign and email to clientcare@africert.co.za | | | |

| For AfriCert Office use only | | Comments | EAC Codes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|-----------|
| <input type="checkbox"/> | Resources reviewed | | |
| <input type="checkbox"/> | Resources adequate | | |
| <input type="checkbox"/> | Quotation sent | | |
| Refusal of Application I confirm that I am authorised by the organisation to refuse this application to produce a quotation. Reasons found below. | | | |
| Name: | | Date: | |
| Reason: | | | |
| Please sign and email to clientcare@africert.co.za | | | |