

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 standards?	ISO 9001:2015	☐
			ISO 14001:2015	☐
			ISO 45001:2018	☐
			Other: ISO	☐
			Other: ISO	☐
			Other: ISO	☐
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:		Full		Partial		
Site 2:	Address:						
	Scope:		Full		Partial		
Site 3:	Address:						
	Scope:		Full		Partial		
Site 4:	Address:						
	Scope:		Full		Partial		
Site 5:	Address:						
	Scope:		Full		Partial		
Total Number of Employees for all sites:							
Please attach your Company organisational structure to this application.							
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						

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?

Remote Auditing Capabilities	Live web streaming – (to provide effective remote auditing if required/ requested)					
Preferred Live Streaming Platforms	Microsoft Teams		Google Meet		Other:	
Live Streaming Platforms – experience/ knowledge	Poor		Good		Excellent	
I.T. Equipment – visual and audio capabilities	Poor		Good		Excellent	
Visual tours capability (if required) – Audio and visual	PC or Tablet		Cell Phone		Go Pro/ Other	
Rate the Quality of your WiFi/ Fibre connection	Poor		Good		Excellent	
Rate Reliability/ Security of your WiFi/ Fibre connection	Poor		Good		Excellent	
Your organisation's Capabilities on Streaming Platforms	Poor		Good		Excellent	
Elaborate on answer above:						
Management System/s sharing platform	Cloud		Shared / Local Drive		Google Drive	
Elaborate on answer above:						
Percentage of Management System/s stored in platform	Limited (less than 50%)		Partial (50%)		Full (100%)	
Elaborate on answer above:						
Records housed in cloud/ shared drive	No		Partial		Full	
Elaborate on answer above:						

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	Identified IAF Code/s
☐	Resources reviewed		
☐	Resources adequate		
☐	Quotation sent		
☐	IAF Code in Scope	If not, initiate immediate application and witnessing from SANAS when Quotation is signed.	
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			