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| **Contact Person:** | **Telephone:** |
| **Company Name & Address (for correspondence):** | **Fax:** |
| **Email:** |

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| **Head Office Address:** |  | | | |
| **Are you seeking certification at this location?** | | Choose an item. | | |
| **How many employees are located at Head Office?** | |  |  | |
| **Please provide the name of the nearest international airport and the distance from the airport to Head Office:** | |  | |  |

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| **Please provide the address of the factory location(s) you require certification for -** use further pages if necessary **:** |  |
| **How many employees are located at the factory location(s) where certification is sought? Please provide the number at each factory:** |  |
| **Please provide the name of the nearest international airport and the distance from the airport to the factory location(s):** |  |
| **Are there other locations where BASEC cables will be handled?** If yes, please provide all addresses. |  |
| **Total number of persons directly involved with services / products for which certification is sought** |  |
| **For EU based companies please provide your VAT number, including the two letter country code.** | **VAT:** |

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| **What is the distance between Head Office & the factory location(s):** |  |
| **What is the mode of transport used between Head Office and the factory location(s)? – i.e. plane, train, car** |  |

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| **Do you outsource any of your manufacturing activities?**  If yes, please provide further details i.e. what activity, location, where does the outsourced activity take place, on-site or off-site? etc. |  | |
| **What activities take place at the Head office?**  (Examples – sales, purchasing, design etc.): |  | |
| **Do you apply a fully Integrated Management System?** |  | |
| **Please check the box for each certification you require:**  Note: Product Certification requires Management system certification to BASEC PCR and this will automatically be included in our quotation | ISO 9001  ISO 14001  OHSAS 18001    Product Certification & PCR  PCR only | |
| **What is your suggested scope for each certification you require:**  (example: Design and Manufacture of Low Voltage Cables) |  | |
| **Do you already have ISO 9001 certification with another Certification Body?**  If yes, **please attach a copy** of your current certificate to your application. | | Choose an item. |
| **Have you used the services of a consultant?**  If yes, please provide details including company name and persons involved | | Choose an item. |

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| **Enquiry form completed by (name):** | **Date:** |