**Please provide us with the details of your organization to enable us to provide you with an accurate proposal for our Food Safety Management System / CAC-HACCP / ISO 22000:2018 Certification services.**

|  |  |  |
| --- | --- | --- |
| 1 | Organization Name: |  |
| 2 | **Address with communication details:**(Include Tel., Fax, email, website**,** country also) |  |
| 3 | **Certified against any other standards?** |  None ISO 9001 ISO 14001 ISO 18001 Other |
| 4 | **a) Details of Consultant used if any:****b) If transferred, Reason:** |  No Yes:  |
| 5 | **Contact Person Name and** **Mobile No:** |  |
| 6 | **Food Safety/ Hygiene Officer/ HACCP Team leader Name& contact:** |  |
| 7 | **Number of Locations:** **Number of employees at each location:** | Location:  |
|  |
| 8 | **Are you part of a larger organization?** | Yes NO |
| 9 | **Language of Audit required and preferred audit schedule** |  English Other (Specify) Preferred Audit Date: |
| 10 | **FSMS Implemented from:**(Mention date and period of implementation. The FSMS must be implemented for at least 90 days before audit) | Date of Implementation:  |
| 11 | **Activities of system:**(Produce, process, packaging etc.) (Describe the activities that your organization undertakes in the food chain, that are under your control) |  |
| 12 | **Outsourced processes (subcontracting):** |  No, Yes, Details (if yes)  |
| 13 | **List of Final Products & Usage:**(List down the market segments like consumer retail / dealer) |  |
| 14 | **Do you design the products of your company?**(Do you own any recipe...?) |  No Yes Details (if yes)  |
| 15 | **Proposed Scope for Certification:**(Certification shall be for the system and not products) |  |
| 16 | **Total no of HACCP Plans/ Product Lines** |  |
| 17 | **Working Hours** (Shift and activities in each shift)**:** |  |
| 18 |  **Trade License** | Trade License no: Expiry date: |

**Name:**  **Designation:**  **Signature:** **Date:**