



Omega Credit Information India Private Limited

Management Systems Certification

APPLICATION QUESTIONNAIRE FOR MANAGEMENT SYSTEM CERTIFICATION

Sir,

I/We desire to get the Management System certification of our unit/firm done by Omega Credit Information India Private Limited under the ISO Standard.

I/We attach herewith Application Fee of Rs. by the way of Crossed Cheque / Bank Draft/ Electronic Transfer Transaction No..... Dated..... Drawn OnIn favor of **Omega Credit Information India Private Limited**.

I/ We authorize Omega to Speak with our employees /associate /clients in order to obtain feedback on the performance of our account maintained with them and to publish our certificate on its website.

*Name of Company:			
*Postal Address			
Number of Sites Linked & Address(if certification required):			
*Phone		*Fax	
*Email:		*Website	
*Contact Person Name:		*Position:	
*Mobile No			
*Legal Status of Company: Pvt. Ltd./Public Ltd./Proprietorship/Partnership			
*Statutory & Regulatory Requirements: (Related to the Nature Work & Management System Certification)			
*Service Tax/Excise/TIN:			
*Outsourced Process: (which effects the conformity of the product/service)			
<u>CERTIFICATIONS REQUESTED</u>	<u>Quality Management System ISO 9001:2008</u>	<u>Environmental Management System ISO 14001:2004</u>	
Is the category "design and development" included in the activities to be certified?			
Is there any process that affects product conformity outsourced?			

Omega Credit Information India Private Limited

Registered Office: 33, Gandhi Nagar, Boring Road, Patna, Bihar, India – 800012
 Corporate Office: 193A, Saheed Vihar, Saheed Path, Rai Bareilly Road ,Lucknow, India -206025

Exclusions if any?		
How many sites is your company managing at the same time?		
A Register of Significant Environment aspect?		
An Environmental Management Manual?		
An Internal Environmental Audit Programme?		
Has the Internal Environmental Audit Programme been implemented?		
Kindly provide list of significant aspects & license required?		

OHSAS Certification 18001:2007		
How many sites is your company managing at the same time?		
Applicable Legal & Statutory Requirements?		
Hazard's Identified?		
Please detail any critical occupational health & safety risks identified?		

FSMS Certification ISO 22000:2005		
HACCP implementation or Study conducted?		
How many sites is your company managing at the same time?		
No. of process lines		
No of shifts?		
Any prior audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes then Specify the result		

CERTIFICATION PROGRAMME REQUESTED			
Initial certification		Recertification	
Combination audit		Transfer Cum Surveillance	
In the case of several certification programmes, would you like the audits to be combined or carried out separately?			
If the answer is yes, please specify which combination			
<u>EMPLOYEES (For multi-site, indicate all sites to be covered under certification)</u>			
Total No. of Employee:			
Full Time :		Temporary:	
No. of Shifts:			
Address of Site to be covered under certification			
Site Address:			
Full Time :			
Scope:			
Please define key processes at your facility?			

ADDITIONAL INFORMATION		
Have You A Specific Programme/Timescale For Achieving Registration?		
Have you called on the services of a consultant?		
If yes, please specify which one :		
Name of Representative:-		
Is any way Business Associate/Promoting Firm involved other than marketing?		
Declaration: The information provide above is true to the best of our knowledge and Belief.		
Name		Seal & Signature
Designation		
Date		

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