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| Please complete this questionnaire and forward it to Nace Certification Pvt. Ltd. who will then provide you with a written proposal. |
| Organization Name |  |
| Address |  |
| Address of Additional sites if any:  |  |
| Contact Person Name |  | Position |  |
| Tel. Number |  | Mobile No. |  |
| E-mail |  | Website.  |  |
| Standard Required: - ISO 9001: 2015 [ ] ISO 20000-1:2018[ ]  ISO 21001:2018 [ ]  ISO/IEC 27001:2022 [ ]  OTHER [ ]  |
| Scope for Certification: |
|  Exclusions & Justification: |
| Process & Operations:-  |
| Identification of Outsourced Processes:  |

|  |  |  |
| --- | --- | --- |
| \*Total No. of Shifts: | Total No. of Personnel |  |
| \*No. of Personnel Permanent (Full Time): |  |
| \*No. of Personnel Contract based (Full Time): |  |
| \*No. of Personnel (Part Time) with working hours details: |  |
| *\**No of Personnel working offsite such as drivers, service operators, etc. |  |
| \*Employee Details | Shift | Management/ Admin/ HR/ Office Staff | Production/Service Provision/ QA/Industrial Staff etc. | Design Staff | Unskilled workers | Driver | Temporaries | Casuals | Trainees |
| \*Full Time Employees | G |  |  |  |  |  |  |  |  |
| A |  |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |
| C |  |  |  |  |  |  |  |  |
| \*Part Time/ Contract Based Personnel | G |  |  |  |  |  |  |  |  |
| A |  |  |  |  |  |  |  |  |
| B |  |  |  |  |  |  |  |  |

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| \*Please Detail as follows (if applicable): |
|  | **S. No.** | **Shifts** | **Timings** | **Processes/Activities** |
|  | 1. | General Shift (G) |  |   |
|  | 2. | Morning Shift (A) |  |  |
|  | 3. | Day Shift (B) |  |  |
|  | 4. | Night Shift (C) |  |  |

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| Approx. number of sub-contractors used on average (if applicable). |  | Describe the type of work subcontracted (if applicable). |  |
| Legal and Statutory Requirements |  | Certified in other systems |  |
| Audit Mode🞐 Physical / Onsite🞐 Virtual/Remote 🞐**Details of Virtual Site if any:** |
| **\*Do you operate at a temporary site?** YES [ ]  NO [ ]  If Yes; No. of Temporary Sites& Details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Location | Total Employees | Activities | Opening Date of Temporary Site | Expected Closing Date of Temporary site |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please add rows as per the requirement and complete the table. Please use one row to fill the information of one site only) |
| **For ISMS** | **Please Fill Annexure-A** |
| **For ITSMS** | **Please Fill Annexure-B** |
| **For IMS (Integrated Management System) Only** |
| Level of Integration for IMS OnlyPlease Tick Mark on the scale of 1 to 5. (1 being the lowest and 5 being the highest) | If documents for all systems are integrated | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |
| If Management Review is common for all systems |  |  |  |  |  |
| If Internal Audit is covering all systems under IMS |  |  |  |  |  |
| If Policy & Objectives are integrated under IMS |  |  |  |  |  |
| If process are integrated |  |  |  |  |  |
| If corrective, preventive action, measurement and continual improvement system are integrated  |  |  |  |  |  |
| If management support & responsibilities are integrated |  |  |  |  |  |
| **In Case of Transfer from other Certification Bodies** |
| Certification Body Name & Accreditation:- | Certificate Expiry date |  |
| Last Audit Date |  | **Attach Last Audit Report and Certificate:** |
| When will you be ready for stage one Audit? |  |
| Certification programme Requested [ ]  Initial Registration, [ ]  Recertification, [ ]  Transfer Cum Surveillance |
| Were you assisted by a consultant in developing your Management System? Yes/No | If Yes, Name of Consultant |  |
| Do you currently hold any other third party Registrations? |  |
| Client Signature |  | Date |  |

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| NACE CERTIFICATION PVT. LTD.Use Only. |
| Application reviewed by AuditorTC/Coded Auditor/T.E(If reqd.) | Verified by CM: |
| Application Fee Received [ ]  Yes [ ]  NoIf not received, Application will not be processed | Can Application be further processed? [ ]  Yes [ ]  No |
| If application is rejected specify the reason? |  |

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| **Annexure-A****Applicable for ISMS**Additional Information Required (Tick one in each box)Critical business sectors are sector that may affect critical public services that will cause risk to health, security, economy, image and governmental ability to function that may have a very large negative impact to country |
| **Any Confidential Information where Issues of Accessibility is there? {If Any}** |  |
| **Is there any other Controls Established other than ISO 27001:2022, Annex.01 or You have followed any other Standard for the Applicability of Controls** |  |
| **Business and organization Complexity**  |
| **Types of Business and regulatory Requirement** | 1. Organization work in non-critical business sector and non-regulated sector [ ]
2. Organization has customer in critical business sector. [ ]

3. Organization works in critical business sector. [ ]  |
| **Process and Task** | 1. Standard Process with standard and repetitive task i.e., lots of persons doing work under the organization’s control carrying out the same tasks, few products or services [ ]
2. Standard but not repetitive process with high number of products or services [ ]

3. Complex Process, High number of products and services, many business units included in scope of certification [ ]  |
| **Level of establishment of the Management System** | 1. ISMS is already well established and/or other management system is in place. [ ]
2. Some elements of other Management system are implemented, others not [ ]

3. No other Management system implemented at all, ISMS is new and not established. [ ]  |
| **IT Environment Complexity** |
| **IT Infrastructure Complexity** | 1. Few or highly standardized IT platforms, servers, operating system, database, networks etc. [ ]
2. Several different IT platforms, servers, operating system, database, networks etc. [ ]

3. Many different IT platforms, servers, operating system, database, networks etc. [ ]  |
| **Dependency on outsourcing and suppliers including cloud services** | 1. Little or no dependency on outsourcing [ ]
2. Some dependency on outsourcing or suppliers, related to some but not all-important business activities. [ ]

3. High dependencies on outsourcing or supplier, large impact on important business activities. [ ]  |
| **Information System Development** | 1. Non or very limited in-house system/application development [ ]
2. Some in house or outsourced system/application development for some important business purpose [ ]

3. Extension in house or outsourced system/application development for important business purpose [ ]  |
| **For ISMS, Please Write the Details of Employees if applicable** |
| Description of the number of persons engaged in the activity or Process |  |
| **Details of Employees Fall under the Category mentioned below** |
| Persons with read-only access to information to perform their duties; |  |
| Persons with no access to the organization’s information processing facilities in scope of the ISMS; |  |
| Persons who have specific demonstrable restricted access to the company’s information processing facilities in scope of the ISMS; |  |
| Persons who perform activities where strict limitations are implemented to restrict disclosure of information, e.g. measures prohibiting personal belongings and devices into the work area. |  |

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| **Annexure-B for ITSMS** |
| **Potential decrease factors** |
| 1 | A low rate of change to the SMS and the services. | Yes 🗆 | No 🗆 |
| 2 | Previously demonstrated effective performance of the SMS, e.g. previously certified with another accredited certification body. | Yes 🗆 | No 🗆 |
| 3 | Combined audit of the SMS with one or more other relevant management systems | Yes 🗆 | No 🗆 |
| 4 | Prior knowledge of the organization, e.g. already certified to another standard by the same certification body | Yes 🗆 | No 🗆 |
| 5 | A single, simple service. | Yes 🗆 | No 🗆 |
| 6 | Identical activities performed on all shifts, with appropriate evidence of equivalent performance on all shifts, e.g. service desk. | Yes 🗆 | No 🗆 |
| 7 | A significant proportion of service management personnel carry out a similar simple function. | Yes 🗆 | No 🗆 |
| 8 | Single site with low number of personnel. | Yes 🗆 | No 🗆 |
| 9 | A low level of reliance on other parties, such as suppliers, internal groups or customers acting as suppliers, involved in the provision of services | Yes 🗆 | No 🗆 |
| **Potential increase factors** |
| 1 | Complicated logistics involving multi-jurisdiction, multi-site working, in the same, or across a number of, time zone(s). | Yes 🗆 | No 🗆 |
| 2 | Complexity of language differences across different locations, e.g. personnel speaking in more than one language (requiring interpreter(s) or preventing individual auditors from working independently). | Yes 🗆 | No 🗆 |
| 3 | Large size or complexity of the SMS scope, e.g. high number of services, personnel or locations, specialized services which are difficult to understand and maintain. | Yes 🗆 | No 🗆 |
| 4 | High degree of legal and regulatory requirements affecting the client’s SMS, e.g. intellectual property rights, privacy, food, drug, aerospace, nuclear. | Yes 🗆 | No 🗆 |
| 5 | Different activities done in different shifts. | Yes 🗆 | No 🗆 |
| 6 | Temporary sites within the scope of the SMS for a specific audit. | Yes 🗆 | No 🗆 |
| 7 | Complex business processes performed within the scope of the SMS. | Yes 🗆 | No 🗆 |
| 8 | A high level of reliance on other parties, such as suppliers, internal groups or customers acting as suppliers, involved in the provision of services. | Yes 🗆 | No 🗆 |
| 9 | Frequent addition of new services, removal of services, transfer of services or significant changes to services. | Yes 🗆 | No 🗆 |
| **Areas of Activity:** |  |
| **Likely risks to the SMS and the services:** |  |
| **Details of any Confidential Information which we cannot Access during the Audit** |  |
| **Date, Sign and Stamp of the Authorized Person** |  |