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| **Certification File n°** | **COMPANY CERTIFICATION**  *Application form / Company Identity Card* |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1- company details** | | | | | | | |
| Corporate Name:  Please specify legal status |  | | | | | | |
| Affiliation to a Group: |  | | | | | | |
| Sector of activity: |  | | | Activity code:  NACE code | | |  |
| Address:  (Address, post code, city, country) |  | | | | | | |
| Telephone: |  |  |  | | E-mail |  | |
| Name of contact: |  | | | Job title | |  | |
| Telephone: |  |  |  | | E-mail |  | |

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| **2- requested management system certification scheme** |

Quality (ISO 9001: 2008) Quality (ISO 9001:2015)

(please describe exclusions, eg. design…):

Environment (ISO 14001:2004)Environment (ISO 14001:2015)

Safety (ohsas 18001)Energy (ISO 50001:2011)

Aerospace (EN 9100)  Aerospace (EN 9110)  Aerospace (EN 9120)

Medical (ISO13485/13488) TickITplus  Automotive (ISO/TS 16949)

emas  ISO 22000  FSSC 22000

ISO 20000  ISO 27000

Other standard:

**Target date** for certification:

Please send an **organization chart** of the company so we can see the positions and number of related workers.

Please provide a brief description of the **products/services** supplied by your company:

**Are some activities excluded from you certification scope/perimeter?**

**Wording of the certification scope**, this should be reflected on the certificate following a successful assessment:

**(for the aerospace standards, please indicate the scope of the activities for each site)**

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**Do you need an accreditation logo on your certificate?**

**COFRAC UKAS TUNAC**

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| **3 – Other Management Systems** |

**Have you previously set up another management system?**

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| --- | --- |
|  | **Yes** |
|  | **No** |

**If yes, please give details (standard, set up date, certification….):**

**Integrated Management System: A single management system managing multiple aspects of organizational performance to meet the requirements of more than one management standard**

**Please check the different characteristics of your Management System:**

An integrated documentation set, including work instructions to a good level of development, as appropriate;

Management Reviews that consider the overall business strategy and plan

An integrated approach to internal audits

An integrated approach to policy and objectives

An integrated approach to systems processes

An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual improvement)

Integrated management support and responsibilities

Have you been in contact with any consulting organization during the last 2 years?

YES \*  NO

*[*\*]*If yes, please specify the agency name and people’s name, which were involved in these activities*

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| **4 – List of Sites and Organisation for Human Resources and Processes** |

Number of sites concerned by the certification: 3

Total number of employees: 120

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ITEMS | | 1st site | 2nd site | 3rd site | 4th site |
| Name of the site | | Head office | Customer Care Center | Sukhbaatar district branch |  |
| Address | | Bodi Tower, Jigjidjav Street 3 /Great Chinggis Khaan square/, Ulaanbaatar 15160, Mongolia | Tavan Undur center, Constitutional Street, Sukhbaatar district,Ulaanbaatar, Mongolia | United Nations Street, Sukhbaatar district, Ulaanbaatar, Mongolia |  |
| Main activities | | Business development, IT service, administration, legal | Reimbursement, coordination of customers claims | Insurance service including individuals, |  |
| Total number of employees related to certified activities **\***  *(to be detailed for each specific standard)\*\** | | 83 | 26 | 11 |  |
| Total number of employees involved in the support functions: (Design/sales/marketing/ purchasing/quality/ HR…) | | 28 | 3 | 2 |  |
| Total employees in production | | 55 | 23 | 9 |  |
|  | If the production is organized in shifts for continuous activity, specify number of employees and shifts, please precise:   * Number of shift (2 or 3 shifts x 8 hours) * Number of employees per shift |  | 3 shifts x 8 hours  2 employees per shift |  |  |

***\* For ISO/TS 16949 certification:*** *Total number of employees related to certified activities (including permanent, part time, contract, average number of daily workers for the previous six (6) month period, and temporary employees).*

***\*\* For EN 9100 / 9110 / 9120:*** *it is possible that number of people for ISO 9001 is more important that for EN 9100. In this case, please detail the number of people for each.*

**Does your activity lead you to have any activities outside of your infrastructure: building sites, temporary agencies or offices, facilities on customer premises, etc?**Please describe these activities and the number of locations covered.

|  |
| --- |
| **No** |

Are any of your activities subcontracted?

NoYes If yes, please describe the subcontracted activities.

|  |
| --- |
| **Agents** |

**Please specify if your activity is subject to seasonal fluctuations in number of employees or volume of activity:**

Please return this document to:

|  |
| --- |
|  |

Name and position:

Date and signature:

**COMPANY STAMP IS MANDATORY**