CHRISNELSA(PTY)LTD
113 de Waal Street
Unit A1-A2 , Jasper Park , Rosslyn
+27 120720307
Web Site: www.chrisnelsa.co.za / www.gischrisnel.de Email: info@chrisnelsa.co.za

ISO 9001 Quality Management System
ORGANIZATION PROFILE

Type of quote:

	1.Tender Compilation		**2.Implementation**		**3.Training**		**4, Audit Preparation**

(For Transfers provide a copy of your certificate and surveillance frequency.)

Application for Registration to ISO 9001	Design Activities	**Yes**	**No**

Please check appropriate box(s) for any existing standards:

	ISO 9001		ISO 14001		AS9100		IATF 16949		ISO 45001		ISO 13485		Other

Organization Name:	Contact Person:	
Mailing Address:	Title:	Employee Count:
	Phone No:	Fax No:
Registration Site Address: (if different from above)	Email Address:	
	Website Address:	

Other Facility Locations that will be part of this registration:
(If multi site – list all site addresses, number of employees, contact person, and function of each site if different than main site below. Hit enter after each tab to more than 1 additional site.)

Address	Employee Count	Contact Person	Phone Number	Function

Quotation for: 1; 2; 3; 4

	Immediately		Three (3) Months		Six (6) Months

Proposed Scope of Registration (products, processes, etc.):

Does your organization provide any work in the above scope at temporary sites? (i.e. client locations)		Yes	No

If yes, please describe the nature and location of the work.

Outsourced Processes (List):

Days of Operations:

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun

Shift Information for Registration:							IAF/NACE Code (if unknown, leave blank):					
	1st Shift	Start		End		Count		IAF		NACE		SIC
	2nd Shift	Start		End		Count		Consulting/Training Firm:		Primary Language Spoken:		
	3rd Shift	Start		End		Count						

Do you perform any after sales servicing?		Yes	No
Do you utilize any customer-supplied product? (Example: Ingredients, shipping labels, boxes, etc.)		Yes	No

Name:	**Date**: