Form - ISO 22000 Certification

:: Contact Person Details ::

Name *	
Address *	
Email *	
Phone No *	

ORGANIZATION DETAILS

NAME OF ORGANIZATION *	
FULL ADDRESS WITH PIN NO *	
FILL ADDRESS 2 (if exist)	
TELEPHONE NO	
MOBILE NUMBER *	
CONTACT PERSON NAME *	
DESIGNATION *	
E-MAIL ID *	
WEBSITE	

NO. OF PERMANENT EMPLOYEES	
NO. OF DAILY BASIS EMPLOYEES	
TYPE OF INDUSTRY	
TYPE OF WORK *	○ Single Shift ○ MultI Shift
TOTAL TURNOVER DURING LAST FINANCIAL YEAR (APPROX) *	
CONSULTING ORGANIZATION (if)	
LEGAL REGISTRATION STATUS (PROVIDE DETAILS OF ACTIVITY) *	

CERTIFICATION AND ACCREDITATION

Disclaimer regarding use of consultancy services: QCL Certification Pvt. Ltd. does not warrant or agree with any statement or suggestion that Certification would be simpler or easier if any particular consultancy service was used in the creation or prepar

Accreditation Want *	- select -

AUTHORIZATION

Authorized person`s Name *	
Position or Designation *	
Signed & Stamp *	Browse... No file selected.

DOCUMENTS REQUIRED

Address Proof of the Organization *	Browse... No file selected.

Letter Head of the Organization *	Browse... No file selected.
Govt. Registration or License Proof *	Browse... No file selected.
Copy of PAN Card of the Organization/Owner(In Case of Firm)	Browse... No file selected.
Copy of MOA of Organization in case of Pvt. Ltd./Or Limited Organization	Browse... No file selected.

SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name	
IF Yes, Give the Sponsored Username	