CUSTOMER DATA (PRELIMINARY INFORMATION) – APPLICATION FORM

**SECTION 1: CUSTOMER DETAILS**

|  |  |  |
| --- | --- | --- |
| **ITEMS** | **REQUIRED INFORMATION** | **RESPONSE** |
| 1.1 | Full company name |  |
| 1.2 | Contact person (title, first & last name) |  |
| 1.3 | Functions  |  |
| 1.4 | Mobile phone number |  |
| 1.5 | Street  |  |
| 1.6 | Postal code/city/Country |  |
| 1.7 | e-mail: |  |
| 1.8 | Homepage/Website. |  |
| 1.9 | Certificate of Registration |  |
| 1.10 | VAT Registration No. |  |
| 1.11 | Certification requested according to these standards |  ISO 9001:2015 (Quality Management System) ISO 14001:2015 (Environmental Management System) ISO 45001:2018 (Occupational health & Safety Management System ISO 22000:2018 (Food Safety Management System) ISO 27001:2013 (information Security Management System) ISO 10002 (Customer Satisfaction) |
| 1.12 | Current certificationPlease attach the certificate |  ISO 9001:2015 (Quality Management System) ISO 14001:2015 (Environmental Management System) ISO 45001:2018 (Occupational health & Safety Management System ISO 22000:2018 (Food Safety Management System) ISO 27001:2013 (information Security Management System) ISO 1002 (Customer Satisfaction)  |
| 1.13 | Current certification body (if any) |  |
| 1.14 | Do you desire transfer or transition audit?  | YES NO |
| 1.15 | Company Scope (see scope lists in appendix A |  |
| 1.16 | Products and/or Services |  |
| 1.17 | Customer’s business sector/Clientele |  |
| 1.18 | Significant environmental aspects |  |
| 1.19 | Significant hazards |  |
| 1.20 | Number of sites, including central office |  |
| 1.21 | Sites/company areas (list of sites in appendix B |  |

**SECION 2: EMPLOYEE STRUCTURE**

|  |  |  |
| --- | --- | --- |
| **ITEMS** | **REQUIRED INFORMATION** | **RESPONSE** |
| 2.1 | Number of temporary sites |  |
| 2.2 | Total number of employees |  |
| 2.3 | Number of part-time employees |  |
| 2.4 | Comment to employee structure |  |

**SECTION 3: Employees working shift**

|  |  |  |
| --- | --- | --- |
| 3.1 | Number of shifts |  |
| 3.2 | Number of employees working shifts |  |
| **Work hours** | **Administration**  | **Production shift1**  | **Production shift 2** | **Production shift 3** | **Production shift 4** |
| Start  |  |  |  |  |  |
| End  |  |  |  |  |  |

**SECTION 4: STRUCTURE OF PROCESSES**

|  |  |  |
| --- | --- | --- |
| **ITEMS** | **REQUIRED INFORMATION** | **RESPONSE** |
| 4.1 | Core Processes |  |
| 4.2 | Support Processes |  |
| 4.3 | Outsources Processes |  |
| 4.4 | Do you undertake design & development? | YES NO |
| 4.5 | Authorized products | YES NO |

SECTION 5: NETWORK AND MISCELANEOUS

|  |  |  |
| --- | --- | --- |
| **ITEMS** | **REQUIRED INFORMATION** | **RESPONSE** |
| 5.1 | Membership of industry association. Group affiliation |  |
| 5.2 | Name of the Consultant |  |
| 5.3 | Is PPE necessary/required? |  |
| 5.4 | Will PPE be provided? | YES NO |
| 5.5 | Remark if there is any exceptional features | YES NO |
| 5.6 | If your response to 5.5 is yes, please provide details. |  |

SECTION 6: CONTACT PERSON (INTERNAL)

|  |  |  |
| --- | --- | --- |
| ITEMS | **REQUIRED INFORMATION** | **RESPONSE** |
| 6.1 | Fransync Agile Solutions contact person/Mobile No/Email Address | Audu Williams: +2348066004419Faith Ekoche Ayegba: +2348164487034e-mail: info@fransyncng.com  |

**SECTION 7: SCOPE**

ANNEX A1: REMOTE LOCATIONS

Must be in line with IATF functional scope wording listed in Annex B.

Alternatively, provide the current issued certificate if all functional scopes are accurate to current situation. Please give clear details of those remote locations (RL) of which are audited by another CB.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REF. NO. | Company name and address of remote location | Supporting functions  | Employee number  | Audited by Equal Assurance? |
|  |  |  |  | YES NO  |
|  |  |  |  | YES NO  |
|  |  |  |  | YES NO  |
|  |  |  |  | YES NO  |

ANNEX A2: SUPPORTED SITES

Give details of other manufacturing sites that are supported by this site. Functional scope wording for relevant support activities are required to be detailed in accordance with IATF allowable functional scope wording listed in AANEX B.

Alternatively, provide the current issued certificate if all functional scopes are accurate to current situation. Please give clear details of those remote locations (RL) of which are audited by another CB.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REF. NO. | Company name and address of supported sites | Supporting functions  | Employee number engaged in supporting activity  | Audited by Equal Assurance? |
|  |  |  |  | YES NO  |
|  |  |  |  | YES NO  |
|  |  |  |  | YES NO  |
|  |  |  |  | YES NO  |

ANNEX B: LIST OF SCOPE - Allowable IATF wording for support functions on the certificate.

|  |  |  |
| --- | --- | --- |
| Aftersales | Packaging  | Warehousing  |
| calibration | Policy making  | Warranty management |
| Contract review | Product design |  |
| Continuous improvement | Process design |  |
| Customer services | Production equipment development |  |
| Distribution  | Purchasing  |  |
| Engineering  | Quality system management |  |
| Facilities management  | Repair  |  |
| Finance  | Research and development |  |
| Human resources  | Sales  |  |
| Information technology | Sequencing  |  |
| Internal audit management | Servicing  |  |
| Laboratory  | Strategic planning  |  |
| Logistics  | Supplier management  |  |
| Maintenance  | Testing  |  |
| Marketing  | Training  |  |