BUSINESS INFORMATION

*Details of Products Manufactured and/or Services Provided: *(Please Attach List.)*	
*Details of Manufacturing / Service Processes: *(Please provide Process Flow Chart)*	
*Details of Functional Units/ Departments in Organization:	
*Details of Material and Equipment used:	
*Applicable Statutory requirements for the Product and / or Service and other legal obligations:	
*Any Ongoing Issue pending decision by Local / Regulatory/ Statutory Authority which has an impact to the nature of business.	YES ☐ NO ☐
If yes, please specify:	

PROCESS INFORMATION

Does your company have a In scope system (QMS, ISMS, PIMS, as applicable) policy which fully addresses ISO standard?	
Is management system already well established, and/ or other management systems are in place?	
Complexity of processes and tasks – Does your organization have standard processes with standard and repetitive tasks; lots of persons doing work under the organization's control carrying out the same tasks for few products / services or else the organization have complex process, high number of products and services, many business units included in the scope of certification (isms covers highly complex processes or relatively high number of unique activities).	
Does your company performed risk assessment and have all necessary documentation to comply with ISO requirements.	
Does the company have established its statement of applicability? How many controls are excluded please mention?	
Types of business and regulatory requirements – (Organization works in critical / non-critical business sectors and / or regulated / non-regulated sectors)	
When do you expect your documented system to be ready for assessment?	

*LOCATIONS TO BE COVERED UNDER THE SCOPE OF QMS CERTIFICATION		
Head Office/Corporate Office ☐	Branch/Site ☐	***Temporary Project Sites:** YES ☐ NO ☐

If yes, number of temporary project sites under execution and specify the details like scope of work and status:

Do you have Multi-Site/Branch Addresses?	YES ☐ NO ☐

If yes, provide information below, add rows if necessary:

Site / Company Name	Address	No of Employees	Scope of work/ Functional Activity

*LOCATIONS TO BE COVERED UNDER THE SCOPE OF ISMS, CYBERSECURE CANADA, PIMS		
Head Office/Corporate Office ☐	Branch/Site ☐	***Temporary Project Sites:** YES ☐ NO ☐

If yes, number of temporary project sites under execution and specify the details like scope of work and status:

Are you a fully remote company with no physical office?	YES ☐ NO ☐
Do you have Multi-Site/Branch Addresses?	YES ☐ NO ☐

If yes, provide information below, add rows if necessary:

Site / Company Name	Number of Employees	Number of Contractor Employees	Number of IT Development Staff

EMPLOYEE DETAILS FOR QMS								
Total No. of Employees		**Top Management Manager**	**Office Staff**	**Production/ Operation**	**Other Staff**	**Operators**	**Technician**	**Worker**	
Full Time	**Part Time**							**Contractual**	**Permanent**

No. of Shifts		**General Shift (Employees)**	**Shift 1 (Employees)**	**Shift 2 (Employees)**	**Shift 3 (Employees)**

Please note that details of trade wise number of employees will assist SAV Advisory Inc. in estimating the audit duration. Hence, please provide accurate details to avoid any potential concerns during the audit. The details shall be reviewed during the audit and onsite audit man days will be revised accordingly. If any deviations found. You may change the employee's description as applicable to your industry.

How many production lines involved are in scope applied for?	
*Are the Manufacturing process(es) same in all shifts?	YES ☐ NO ☐
*If no, provide the details of operation in each shift:	
*Does the Organization utilize consultant service for development of management systems:	YES ☐ NO ☐
*If yes, indicate the name of consultant or consultancy organization:	

EMPLOYEE DETAILS FOR ISMS, CYBERSECURE CANADA, PIMS	
Total Number of Employees	
Total Number of Contractor Employees	
Total Number of IT Development Staff	
Total Number of Sites	
When do you expect to be ready for the main Certification visit to take place?	
Detail of Outsourced Processes (If any) – Please provide details i.e. vendor, location, key agreement arrangements, KPIs etc.	

Additional Information

Annexure-1 -*ISO/IEC: 9001 Details

ADDITIONAL INFORMATION REQUESTED FOR QMS (ISO 9001)	
Scope of the Management System Requested to be Certified:	
Risk Assessment: Does Risk Assessment cover any of the following and controls defined?	
Risk Assessment have been made?	YES ☐ NO ☐
If yes, please specify:	
Any Processes / Clause not applicable for quality management systems	YES ☐ NO ☐
If yes, indicate the clause number(s):	
***Please provide brief justification for exclusion or considering the process as NOT applicable:** *NOTE: (Exclusion or process not applicable claimed will be reviewed during Stage I audit and may be accepted with justification or otherwise)*	
Do you have any outsource process?	YES ☐ NO ☐
If yes, please specify (like consulting, transport, testing, calibration etc.):	
Is there any additional information you feel may help us prepare your quotation?	

Annexure-2 -*ISO/IEC: 27001 AND CyberSecure Canada Details

ADDITIONAL INFORMATION REQUESTED FOR ISMS AND CYBERSECURE	
Please tell us the geographical locations of your servers:	
Do you use cloud-based services, if yes which services?	
IT Infrastructure Complexity – (IT platforms, servers operating systems, data bases, networks etc.)	• Single Instance and highly standardized • Several instances and standardized • Many different instances and distributed Explain –
How many workstations do you have?	
How many people use your workstations?	
How many networks do you have?	
How many internet connections do you have?	
What type of connections are they?	
What is the extent of remote working (%)?	
Do you use encryption?	☐ Yes ☐ No If yes, please give details:
What is the Volume of data that you process?	☐ Low ☐ Medium ☐ High
Which laws and/or regulations apply for security of your information?	
Do you have a dedicated IT department or manager?	☐ Yes ☐ No
Do you run any information system development projects in house?	☐ Yes ☐ No If so, please indicate their number, size and complexity:
Do you outsource any of your IT, including cloud services?	☐ Yes ☐ No If so, please give details (for example, hardware and software support, outsourced IT infrastructure)?
Do you use electronic monetary transactions?	☐ Yes ☐ No

Annexure-3 -*ISO/IEC: 27701 Details

ADDITIONAL INFORMATION REQUESTED FOR PIMS (Privacy)	
Describe the scope of certification:	
Please confirm whether your organization is a personally identifiable information (PII) processor, data controller or both:	☐ PII Processor ☐ PII Controller ☐ Both ☐ Don't know
Does your company have an poms policy which fully addresses iso 27701 standard?	☐ YES ☐ NO
Has all necessary documentation to comply with iso 27701 been completed? Has the company completed its statement of applicability? How many controls are excluded please mention? If no, when do you expect your documented system to be ready for assessment?	☐ YES ☐ NO
Does your company perform Data Protection Impact Assessment (DPIA). If yes, then does your DPIA, consider the nature, scope, context, and purposes of the processing, likely to result in a high risk to the rights and freedoms of natural persons?	☐ YES ☐ NO
Do you use cloud-based services, if yes which services?	☐ YES ☐ NO
Do you have a Data Protection Officer (DPO) within your organization? Who else is responsible for data privacy within the organization, please explain.	
Are you currently or has your business ever been under investigation/fined by a data enforcement agency? if yes, please provide detail:	
Please confirm if any of the data protection/privacy legislation applicable to your organization: (e.g. GDPR) if yes, please provide details below	
When do you expect to be ready for the main certification visit to take place?	
Detail of outsourced processes (if any):	

If you are a new customer, how did you hear about us?

Is there any additional information you feel may help us prepare your quotation?

The above details help us provide an accurate quotation.
All information is treated with strict confidentiality.

Thank you for taking the time to provide this information.

DECLARATION		
I have read, understood and agree to abide by the standard terms of business "Certification Agreement", which apply to this request.		
*Client Authorized Representative Name/ Signature:	Designation:	Date:

The full form can be sent by e-mail. The proposal will be sent to you after application assessment. In case of changes in the information above, please refill the form and reapply.

E-mail: **info@savassociates.ca** **Cc: office@savassociates.ca**

(SAV office internal use only)

APPLIACTION REVIEW	
1. Is the Information on the organization and its Information Management System enough to conduct the audit?	☐ YES ☐ NO
2. Are the requirement for certification documented and provided to applicant?	☐ YES ☐ NO
3. Any known differences in understanding or queries resolved between SAV and Applicant?	☐ YES ☐ NO
4. IS SAV team able to perform the certification activity?	☐ YES ☐ NO
Auditors Available	☐ YES ☐ NO
Is Scope Agreed?	☐ YES ☐ NO
Location(s) Acceptable	☐ YES ☐ NO
Audit Time Acceptable	☐ YES ☐ NO
Language Acceptable	☐ YES ☐ NO
Threats to Impartiality Acceptable	☐ YES ☐ NO

REVIEWER COMMENTS	
Comments	
Communication sent to client ☐ Acceptance ☐ Regret	☐ YES ☐ NO
Reviewed By:	
Reviewer Position:	
Review Date:	