

# Client Information Form

CRI-MSF-38, Rev 3.0, Date 28-01-2019



To apply for certification of ISO 37001:2016 (Anti-Bribery Management System) with ABAC Certification, following details are required to initiate the application process.

## 1.0 GENERAL INFORMATION

Company:			
Country:		Postal Area Code:	
Address (Head Office):	Number. of Site(s) (other than Head Office):		
Company website:			

## 2.0 CONTACT (authorized representative)

Name:			
Position:			
Tel. No.:		Fax No.:	
E-mail:			

3.0 CERTIFICATION TO:  ISO 37001  ISO 31000  ISO 19600

## 4.0 SCOPE OF WORK:

Scope to be certified:		
Description of products and / or services, and main activities (as per Trade License)		

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## 5.0 PRINCIPAL ACTIVITIES:

Nature of the Business:			
The main market and end users of the product/service:			
Types of processes / actual activities involved, (including any outsourced processes):			
Process Flow Chart and number of persons involved in each activity.			
Types of materials used in processes / services			
Please List the outsourced processes			

## 6.0 STATUS OF SYSTEM IMPLEMENTATION:

Number of years/months since system implementation:	
Has Internal Audit for the management system to be certified been conducted?	
Has Management Review Meeting for management system to be certified been conducted?	

7.0 A) Does the company have any conflict of interest with ABAC Certification or its auditors?  Yes  No

If yes, please indicate:

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B) Has the organization employed consultants for the management system to be certified?  Yes  No

If yes, please indicate the name and organization of the Consultant:

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## 8.0 Number of Employees:

a) Management / Office Admin:		
b) Off location workers (Sales, Drivers or service):		
c) Production / Service Provision Staff (all shifts):	Part Time:	
	Full Time:	
	Other staff:	
Total for production/service provision		
Total Number of employees (a + b + c):		
Number of Employees doing the same nature of work.		
Total No of Shift(s):		
Nature of work in shifts is same or different?		

## 9.0 For multi-site certification (\*\*Please use additional pages if more than 3 locations):

Address of Company 1/Site 1:		No. of Employee:
Scope to be certified:	Description of products and / or services, and main activities	
Address of Company 2/Site 2:		No. of Employee:
Scope to be certified:		
Address of Company 3/Site 3:		No. of Employee:
Scope to be certified:	Description of products and / or services, and main activities	

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**10. For the transfer of certification from another Certification Body to ABAC Certification:**

Please select the following appropriate reason for transfer:

- |   |   |
|---|---|
| <input type="checkbox"/> Pricing is reasonable  | <input type="checkbox"/> Improvement could not be seen by the audit with previous Certification Body (CB) |
| <input type="checkbox"/> Response/action from ABAC Certification I is quicker   | <input type="checkbox"/> Agree with ABAC Certification's vision and mission                               |
| <input type="checkbox"/> Not satisfied with the audit methodology of previous Certification Body  | <input type="checkbox"/> We hear that ABAC Certification's audit is better than others                    |
| <input type="checkbox"/> There are some concerns on quality of auditors and items pointed out during the audit with the previous Certification Body | <input type="checkbox"/> Expecting the audit from a different viewpoint                                   |
| <input type="checkbox"/> Not satisfied with how the previous Certification Body is responding to our complaints                                     | <input type="checkbox"/> The previous Certification Body stopped its own business                         |

For transfer, also complete: Application for transfer of MS Registration: CRI-MSF-013

**11 Certification Status with previous Certification Body (CB):**

Is your company's certification registration now under suspension by the previous CB?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there any possibility of suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is your certification registration already withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the audit report/ CAR available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The last External Audit was conducted on:	Date:
Results of any previous audits	

**12. Can computer assisted auditing techniques be used during the audit?**  Yes  No

For example: Teleconferencing, Web meetings, Interactive web based collaboration / communications, Remote electronic access to the management system documentation and/or management system processes.

<p><b>If yes please indicate;</b></p>
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**13. Audit Dates:**

<b>Pre-assessment visit required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Expected on-site audit date(s):</b>	_____ <b>Month</b> _____ <b>Year</b>
<b>Dated:</b>	

If you need additional space, please continue on a separate piece of paper.

**16. DECLARATION AND CONSENT**

I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that providing false or misleading information to **ABAC Center of Excellence Limited** and its subsidiaries may constitute grounds for withdrawal of application process and/or legal action.

I further declare that any documents that I provide as proof of company's identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined

Should the circumstances be subject to change prior to the on-site visit for auditing which would reasonable affect the outcome of the auditing process, I declare to report the same immediately to the ABAC Certification's in writing.

**17. Confidentiality**

The Certification Body maintains confidentiality at all levels of its organization concerning information obtained during its business. No information will be disclosed to any third party unless in response to legal process or required by an accreditation process. The client's name, location, scope of the certification and contact numbers may be entered relevant directories. ABAC Certification maintains its own directory of certified clients which is publicly available via the ABAC Certification website [www.abacgroup.com](http://www.abacgroup.com). This will show the status of any suspended, cancelled, or withdrawn certificates. The client shall maintain confidential the financial information and ABAC Certification documents at all levels.

**18. Consent**

I authorize ABAC Center of Excellence Limited and its agents to conduct a reference check, as per information provided on client Information form and Client Risk Profile, as per their requirements so a certification decision can be made. In the event that ABAC Center of Excellence Limited is unable to verify any reference stated in this application, it is my responsibility to furnish the necessary documentation. I understand that ABAC Center of Excellence Limited may request a credit and/or background check from a credit reporting agency or related service. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the credit-reporting agency so that I may obtain a complete disclosure of the nature and scope of any investigation.

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Under GDPR, I understand that I have a right to make a written request for any information held by ABAC Center of Excellence Limited and amend or delete it.

I consent to the Company's reasonable processing of any information, as per Data Protection Act 2018, for the purpose of establish organization's Risk Profile.

**Applicant name:** .....

**ID Number (BD Ref):** .....

**Applicant signature:** .....

**Date of Application:** .....

**18. For ABAC Certification Use only (to be completed by Business Development Team):**

**Initial Review Conducted By: (BD Manager)** \_\_\_\_\_

<b>Has the Client Information form been completed? Is the information about the applicant organization and its management system sufficient to conduct of audit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do we have the scope for the certification sought?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the client organization provided organization chart</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the client organization provided process chart (or list of key activities)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Final Review Conducted By:**

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## REVISION HISTORY OF THE DOCUMENT

Revision Status		Page No.	Description of Changes	Effective Date
Revision No.	Rev. Date			
0	22-08-2017	All	First Issue	22-08-2017
1	18-10-2017	All	Format updated, and content updated as well	18-10-2017
2	14-10-2018	All, 5	Legal name updated, as well as initial BD team review is updated. Consent added	14-10-2018

### NOTE:

#### Upon receipt of amendments, please

- Remove and destroy the amended sheet(s) / page(s)
- Replace it with superseded sheet(s) / page(s)
- Check the controlled status
- Inform any discrepancy observed to Management Representative immediately.