



MANAGEMENT SYSTEMS SOLUTIONS

## COMPANY PROFILE

*These details will enable us to provide the best service to meet your registration requirements*

**PLEASE COMPLETE IN BLOCK CAPITALS**

Please return to the address below, with a copy of your company brochure if available. If you require help in completing this form, please contact us

<b>1.0 Company Details</b>	Name of Company:	
	Address:	
	Telephone	Email:
	Contact	Position
	Does your company trade under any other name?	<input type="checkbox"/> YES <span style="margin-left: 150px;"><input type="checkbox"/> NO</span>
	If yes, please give trading name	
	Is your company part of a larger organization?	<input type="checkbox"/> YES <span style="margin-left: 150px;"><input type="checkbox"/> NO</span>
	If yes, please give name of holding company	
<b>2.0 Business and processes</b>	Does your Company consist of several premises all contributing to the overall registration? If yes, please list over page	<input type="checkbox"/> YES <span style="margin-left: 150px;"><input type="checkbox"/> NO</span>
	How do you characterize your business?	
	- Works in a critical business sectors (e.g. healthcare)	<input type="checkbox"/>
	- Have customers in critical business sectors	<input type="checkbox"/>
- Non critical business sector	<input type="checkbox"/>	
Types of products or services to be covered by the registration?		
How long your organization is implementing ISMS/SMS processes? Are you certified to any other standard?		
Types of information assets included in the scope of ISMS (e.g. client confidential data, health records etc.).		



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<b>3.0 IT infrastructure</b>	<p>What are the different types of IT Platforms used (OS, Databases, Servers, Networks, etc.)</p> <p>Please describe your dependency on external service providers</p> <p>Please describe any application development/maintenance activities</p> <p>Number of Disaster Recovery sites</p>		
	<b>4.0 Employee details</b>	Number of employees (including contractors) to be covered by the certification	
		Does your Company work a shift system or operate a continuous process?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Pls provide shift wise/dept wise break-up in a separate sheet)
		Do you have Multiple Sites covered under a Single Management System?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Pls provide additional site details in the table below)
		Is the Internal audit administered centrally for all sites	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Is the Management Review administered centrally for all sites	<input type="checkbox"/> YES <input type="checkbox"/> NO

### 5.0 ADDITIONAL SITE DETAILS

ADDRESS & CONTACT PERSON	STAFF NUMBERS		
	PRODUCTION/SERVICE	REMOTE	TO BE COVERED IN REGISTRATION

### 6.0 NEW REGISTRATIONS

Registration Requirements	<p>What type of registration are you seeking?</p> <p>Are you being assisted by a consultant? If yes, please name (optional)</p>	<input type="checkbox"/> ISO 27001 <input type="checkbox"/> ISO 20000-1 <input type="checkbox"/> ISO 22301
	<input type="checkbox"/> YES <input type="checkbox"/> NO	



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Restrictions	Please list all records / systems not accessible by the audit team due to confidentiality	
	Please indicate any part of organization that will not be accessible to the audit team	
Registration Target	What is your target date for registration?	
	Do you like to have a Preliminary Assessment? If yes, please indicate target date	

### 7.0 TRANSFER OF REGISTRATIONS

Current Certifications,	Certification Body
	<input type="checkbox"/> ISO 9001
	<input type="checkbox"/> ISO 22301
	<input type="checkbox"/> ISO 27001
	<input type="checkbox"/> ISO 20000-1
Date Registered	
Last Visit Date	
Visit Duration	
Please attach a copy of your current certificate and scope of registration	

### 8.0 ADDITIONAL INFORMATION / COMMENTS