



# CUSTOMER INFORMATION SHEET

## Application for Registration:

**Audit Standards:** \_\_\_\_\_ **Accreditation:** \_\_\_ NABCB  
\_\_\_ ISO 9001:2000 \_\_\_ ISO 14001:2004 \_\_\_ OHSAS 18001

**Language predominantly used at each of the audit locations for documentation and communication with the auditees.**

**Audit Frequency:** \_\_\_\_\_ 6 months \_\_\_\_\_ 9 months \_\_\_\_\_ 12 months

Are you part of a larger group or company?  
\_\_\_ Yes \_\_\_ No

**Type of Organization**  
---- Proprietary ----Pvt Ltd., -----Public Ltd.,----- Govt

How or from whom did you hear about AQA-India? \_\_\_\_\_

Has your company engaged any consultants for QMS/EMS? Which ones?

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_