

MANAGEMENT SYSTEMS CERTIFICATION

FORM

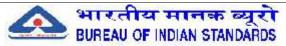
TITLE: Questionnaire for Obtaining Preliminary information and declarations from the applicant for obtaining licence for certification of Anti-Bribery Management System IS/ISO 37001

प्रलेख: एमएससी-एफ 11-18 जारी: 01 दिनांक: सितंबर पृष्ठ: 4 का 1
DOC: MSC-F11-18 ISSUE: 01 DATE: Sep 2019 PAGE: 1 of 4

Prepared By: MSCD Approved By: DDG(MSCD)

(To be submitted in Triplicate)

1.	DETAILS OF THE ORGANIZATION					
1.1	Name	:				
1.2	Address	:				
1.3	Contact Details	:				
1.3.1	Telephone	:				
1.3.2	Fax					
1.3.3	Email	:				
1.4	Address of the Registered Office	:				
	(if different from 1.2 above) (Enclose copy of Registration Certifica	: to				
	from the concerned authority).	: :				
1.4.1	Telephone	:				
1.4.2	Fax	:				
1.4.3	Email	:				
1.5	Status of the Organization	:				
	(Large/Medium/Small/Micro Scale Industry Service Enterprises/small enterprise).					
	(Enclose copy of Registration Certi-	ficate fro	m the concerned authority).			
1.6	Indicate whether the unit is a part of:					
	some larger organization, if so give the name and address of the holding					
	organization					
1.6.1	Name	:				
1.6.2	Address	:				
			,			
1.7	Indicate whether the organization has branches at different locations or multiple-sites of operations.If yes, give name(s) & address(es) alongwith the brief description of processes carried out at all such locations/sites for which certification is sought (use separate sheet, if required)					
1.7.1.	Number of Shifts (with timings of each shift)					
1.8	Organizational Structure					
1.8.1	Organizational Chart					
1.8.2	Delegation of powers					



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जारी : 01

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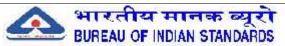
दिनांक सितंबर

9	लेख : एमएससी-एफ 11-18	जारी : 01	दिनांक सितंबर	पुष्ठ: 4 का 2
	DOC: MSC-F11-18	ISSUE: 01	DATE: Sep 2019	PAGE: 2 of 4
	Prepared By: MS	SCD	Approved By: Dl	DG(MSCD)
1.8.3 1.8.4	Whether the organization h		/? If yes, give details	s of locations of public offices
1.9	Number of Personnel			
1.9.1	Number of part-time personnel covered in the scope of certification converted to full time personnel (based on 8 hours/day working)			
1.9.2	.2 Number of personnel partially involved in the scope of certification converted to full time personnel (based on 8 hours/day working)			
1.9.3	Number of personnel in anti-bribery compliance functions(Vigilance activity).			
1.9.4	Number of public officials			
1.9.5	Are there posts in the organization where significant bribery risk has been identified? If yes, No. of personnel working on such posts (other than public officials)			
1.9.6	Number of personnel in general shift/shift-1			
1.9.7				
1.9.8	Number of personnel in other shifts for mutually exclusive operations/functions other than that in general shift/Shift 1			
2.	Information Relating To	Anti- Bribery Manag	ement System	
2.1	Management Representa Contact Person	tive (MR)/		
2.1.1	Name			
2.1.2	Designation			
2.1.3	Contact Details			
	Mobile:	Fax:	Email:	
2.2	Scope for which certifica			
2.3	Anti- Bribery Management System Documentation & Implementation			
2.3.1	Documentation Structure (mention Title of Docu	ıment, Issue No. & Date, No. of A	Amendments, if any)
2.3.2	Details of 'outsourced proc separate sheet, if required)		and type & extent of controls app	olied over such processes(us
2.3.3			nts, partners, providers, contra diaries, etc. (use separate sheet,	
2.3.4	List of legal and statutory requirements applicable to products including output resulting from the products realization processes (use separate sheet, if required)			

Date on which the Management Review was last held : _____

Date(s)/Period during which Internal Audit was last held _____

2.3.5 2.3.6



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a)	Nam	e & Address of the consultancy	y organization/personnel	
b)	Type	of consultancy provided		
	giving soluti	n as preparing manual, proced g specific advice, instructions of ions for development and ementation of management sys	or	
c)	Statu	s of consultancy (whether con	tinues or ended)	
d)	Date	on which consultancy ended,	if applicable	
Det	ails of ot	her Management Systems Li		Assessment Held, If Any
		ONS – The organization here		clarations:
a)		mply with the certification requ		
b)		orm about the following change		• •
	i)		nizational status or ownersh	
	ii)		ent (e.g. key managerial, de	ecision-making or technical staff),
	iii)	contact address and sites,		
	iv)	scope of operations under t	the certified management sy	stem, and
	v)	major changes to the mana	gement system and process	ses.
c)	to make all necessary arrangements for the conduct of the audits, including provision for ex- documentation and the access to all processes and areas, records and personnel for the purp initial certification, surveillance, recertification and resolution of complaints,		ords and personnel for the purposes of	
d)	to make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation auditors or trainee auditors), permits BIS to make the information regarding certification granted with the scope it covers and its status accessible to public.			
 e) that it is understood by us that all the other information, except for information that is n accessible as confidential. f) That it is also agreed that BIS notifies to us when confidential information is require authorized by contractual arrangements (such as with the accreditation body), unless plaw. 		ot for information that is made publicl		
g)	that it is also understood that BIS does not disclose our confidential information to a third party withou the written consent from us (certified client or individual concerned).			
			Signature	
			Name	
Sas	al of the Fi	rm	Designation	



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	DOC: MSC-F11-18	ISSUE: 01	DATE: Sep 2019	PAGE: 4 of 4
Prepared By: MSCD		Approved By: DDG(MSCD)		

Date:	For and on behalf of
	M/s

(Note: All the three copies of this form are to be signed in original by the authorized signatory)