

 <b>भारतीय मानक ब्यूरो</b> <b>BUREAU OF INDIAN STANDARDS</b>			FORM
<b>MANAGEMENT SYSTEMS CERTIFICATION</b>			
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 DOC: MSC-F11-18	जारी : 01 ISSUE: 01	दिनांक : सितंबर DATE: Sep 2019	पृष्ठ : 4 का 1 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 Certificate 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 Certificate from 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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1.8.3 Whether the organization has a Governing body? If yes, give details \_\_\_\_\_

1.8.4 Does the organization exercise public function/ public dealing? If yes, give details 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 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 Number of personnel in other shifts \_\_\_\_\_

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 Management System**

**2.1 Management Representative (MR)/ Contact Person**

2.1.1 Name \_\_\_\_\_

2.1.2 Designation \_\_\_\_\_

2.1.3 Contact Details \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2.2 Scope for which certification is sought \_\_\_\_\_

**2.3 Anti- Bribery Management System Documentation & Implementation**

2.3.1 Documentation Structure (mention Title of Document, Issue No. & Date, No. of Amendments, if any) \_\_\_\_\_

2.3.2 Details of 'outsourced processes' used, if any, and type & extent of controls applied over such processes (use separate sheet, if required)

2.3.3 Details of business associates, such as clients, partners, providers, contractors, consultants, suppliers, vendors, agents, distributors, investors, intermediaries, etc. (use separate sheet, if required)

2.3.4 List of legal and statutory requirements applicable to products including output resulting from the product realization processes (use separate sheet, if required)

2.3.5 Date on which the Management Review was last held : \_\_\_\_\_

2.3.6 Date(s)/Period during which Internal Audit was last held \_\_\_\_\_

**3.0 CONSULTANCY**

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3.1 In case the Anti-Bribery Management System is established, implemented or maintained through use of consultancy, the following information be provided:

a) Name & Address of the consultancy organization/personnel

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Type of consultancy provided \_\_\_\_\_

{such as preparing manual, procedures etc;  
giving specific advice, instructions or  
solutions for development and  
implementation of management system}

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Status of consultancy (whether continues or ended) \_\_\_\_\_

d) Date on which consultancy ended, if applicable \_\_\_\_\_

4. **Details of other Management Systems Licence/Certification held or Assessment Held, If Any**

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5. **DECLARATIONS – The organization hereby gives the following declarations:**

- a) to comply with the certification requirements,
- b) to inform about the following changes, if and when such changes happen:
  - i) the legal, commercial, organizational status or ownership,
  - ii) organization and management (e.g. key managerial, decision-making or technical staff),
  - iii) contact address and sites,
  - iv) scope of operations under the certified management system, and
  - v) major changes to the management system and processes.
- c) to make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints,
- 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 made publicly accessible as confidential.
- f) That it is also agreed that BIS notifies to us when confidential information is required by law or authorized by contractual arrangements (such as with the accreditation body), unless prohibited by law.
- g) that it is also understood that BIS does not disclose our confidential information to a third party without the written consent from us (certified client or individual concerned).

Signature \_\_\_\_\_

Name \_\_\_\_\_

Seal of the Firm

Designation \_\_\_\_\_

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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)**