**Request for Certification acc. to ISO 22301**

**BCM – Business Continuity Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organizational Data | | | | |
| Name of the organization: | | | | Corporate structure: |
| Affiliated company of group: | | | | Number of employees (total): |
| Business activities: | | | | NACE: |
| Total revenue per year: | | | |  |
| Headquarters: | | | | |
| City: | | ZIP: | Address: | |
| Certificate for the entire company  OR  Certificate limited to organizational unit(s)  Please name the organizational unit(s) | | | | |
| **Social/environmental impact of the company:**   high  medium  low | | | | |
| Already certified acc. to:  ISO 9001  ISO 14001/EMAS  ISO 20000  ISO 27001  HACCP  VDA/TS 16949  andere:  valid until: | | | | |
| Contact (e.g. General Manager, Certification, Purchase, responsible person for standard) | | | | |
| Name: | Position: | | | Phone: |
| E-Mail: |
| Name: | Position: | | | Phone: |
| E-Mail: |
| Name: | Position: | | | Phone: |
| E-Mail: |

|  |  |  |  |
| --- | --- | --- | --- |
| Central office in scope | | | |
| ZIP: | City: | Address: | Homepage: |
| Further sites in scope (excluding teleworking sites) | | | |
| Activities at **site 1**: | | | |
| ZIP: | City: | Address: |  |
| Activities at **site 2**: | | | |
| ZIP: | City: | Address: |  |
| Further locations in scope can also be attached as an appendix. | | | |

|  |
| --- |
| Audit |
| Language of documents:  German  English  Italian  Others: |
| Audit language:  German  English  Italian  Others: |
| Preferred auditor: |
| CIS will assign an appropriate team of auditors for you. If you specify a preferred auditor, CIS will try to take your desire into consideration. |

|  |
| --- |
| Offer for integrated management systems audit  We request an offer for an integrated systems audit in cooperation with Quality Austria for  ISO 27001 to be integrated with following standards |
| ISO 9001  ISO 14001  EMAS  VDA  TS 16949  HACCP  SCC  others: |

|  |
| --- |
| Are any processes outsourced that may have impacts on the organization?  yes  no If YES, which ones?: |

|  |  |  |
| --- | --- | --- |
| Where/Are you supported/advised by a consultant when establishing your management system? | | yes  no |
| Name of the consulting company: |  | |
| Name of the consultant: |  | |

|  |  |
| --- | --- |
| Phone number to receive a password by SMS, in case of secure/encrypted transfer of documents such as audit report: |  |

**Additional documents that will be part of the contract if an order is placed:**

* CIS Certification Procedure acc. to document d011e ([Download](https://www.cis-cert.com/wp-content/uploads/d011e-cis-zertifizierungsverfahren.pdf))
* General Terms and Conditions, document d007e ([Download](https://www.cis-cert.com/wp-content/uploads/d007e-terms-and-conditions-sc.pdf))

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City, date |  | Authorized signature |

|  |  |  |
| --- | --- | --- |
| **Please complete and sign the form and send it to CIS:** |  | **CIS** -Certification & Information Security Services GmbH |
| © CIS 13.10.2021: Reprinting and duplication only with the written permission of CIS |  | **Headquarters**  A-1010 Wien, Salztorgasse 2/6/14  Phone: +43 1 532 98 90 Fax: +43 1 532 98 90 89 [office@cis-cert.com](mailto:office@cis-cert.com) [www.cis-cert.com](http://www.cis-cert.com) |