

	WSA CERTIFICATIONS	Doc. No : WSA-F-30
	Quotation Request Form	Rev:00

Certification Requirement	9001	14001	18001	22000		
	HACCP	Any Other Please Specify				
Name of organization						
Corporate / Head office						
Factory Address						
Sites to be covered under certification						
Scope						
Proprietor /Managing Director / Partners / Director						
Management Representative						
Phone No.		Fax. No.				
E-Mail address		Website				
Company status	Limited	Private limited	Trust /Society	Partner ship	Proprietor	Other
Date of Establishment						
Man Power Information		Management	Supervisor	Workers		
Product Handled (List of product Manufactured or trading)						

Prepared by: M.R.	Approved by: CEO	Date of issue:
-------------------	------------------	----------------