

PMCI-QP-08-F01	Issue #: 01
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Application Form

1- For Consultancy Services: Please provide us with a Short Description of your Company along with your Organization Chart, sites list & Location Map of each site (if available):

Company Name:				
P.O. Box:		Tel No.:	Fax:	
E-mail:		Website:		
Name of the Chief Executive:		Contact No.:		
Name of the Person for Liaison:		Contact No.:		
Nature of the business:				
Main Customer:				
Activity to be certified:				
No. of sites:				
Locations:				
Number of Employees:	Management	Staff	Labor	

Required Consultancy Services: Please tick accordingly

ISO Standard and Total Quality Management	Management Consultancy
<input type="checkbox"/> ISO 9001 (Quality)	<input type="checkbox"/> Re-engineering
<input type="checkbox"/> ISO 14001 (Environment)	<input type="checkbox"/> Strategic Planning & Score Cards
<input type="checkbox"/> OHSAS 18001 (Health & Safety)	<input type="checkbox"/> Re-Structuring & Job Descriptions
<input type="checkbox"/> ISO 27000 (Information Security)	<input type="checkbox"/> HR Manuals & Appraisal Systems
<input type="checkbox"/> HACCP, ISO 22000 (Food Safety)	<input type="checkbox"/> Authorities Matrix
<input type="checkbox"/> Excellent Model: EFQM, SKEA, DQA	<input type="checkbox"/> Six Sigma

2- For Training Services: To register in one or more of our Training courses, Please provide us with your information:

Full Name:		Education:	
Company Name:		E-mail:	
P.O. Box:	Tel No.:	Fax:	
Course:		Date:	
Course:		Date:	

Please indicate if you have any further requirements:

**P.O. Box 51379
 Abu Dhabi – UAE
 Tel.: 02-622-25-88
 Fax: 02-622-25-99
 E-mail: info@pmciuae.com**