

UNIVERSAL GmbH	
CERTIFICATION REQUEST FORM	Document No: UFR.02

<input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Pre-Audit <input type="checkbox"/> Re-certification <input type="checkbox"/> Change (Scope, Address, Title etc.)							
Organization:							
Address (es): (Permanent location and branches)		1-					
Phone:		Fax:		E-mail:			
Contact Person/ Position:							
Total Employee Number							
Total Effective Number of Personnel (Including All Sites and Shifts):		Shift-1		Shift-2		Shift-3	
		Permanent:		Permanent:		Permanent:	
		Temporary Sub-Contr.		Temporary Sub-Contr.		Temporary Sub-Contr.	
		Part-Time Sub-Contr.		Part-Time Sub-Contr.		Part-Time Sub-Contr.	
Total							
Number of Site(s): (Permanent, temporary and virtual site):							
Site Address (es) and activity: (*Temporary site: Worksite of activity for a finite of time, *Virtual site: On-line environment as per scope)		Temporary sites -activity/operation:			Virtual sites –activity/ operation:		
		1-			1-		
Outsourced Processes: (that will affect conformity to the requirements):		1-					

Requested Management System			
<input type="checkbox"/>	ISO 9001	<input type="checkbox"/>	ISO 14001
<input type="checkbox"/>	ISO 22000	<input type="checkbox"/>	Other.....

The Scope of The Management System Requested to be Certified:
Denote the <u>not applicable</u> clauses of ISO 9001, ISO 14001 standards, if exist:
Please provide information about any legal regulations that you are obliged to abide by:
Additional information for related management systems (ISO 9001/ISO 14001/ISO 22000/ISO 45001):
<ul style="list-style-type: none"> For ISO 9001 / Please provide detailed information about your processes, operations and effects.

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<ul style="list-style-type: none"> For ISO 14001 / Please provide information about your important environmental aspects.
<ul style="list-style-type: none"> For ISO 22000 / Please provide your Hazard Control Plan numbers and general information about their contexts.
<ul style="list-style-type: none"> For ISO 45001 / Please provide information about the incidents if you faced with within last 3 years.
<p>If you obtained any consultancy services, please provide information about its content and provider.</p>

For Recertification Audits Only:	
Please tick as per status of changes since last audit	<input type="checkbox"/> N/A <input type="checkbox"/> Regulations <input type="checkbox"/> Organizational Structure <input type="checkbox"/> Processes <input type="checkbox"/> Significant Changes on Management System <input type="checkbox"/> Other

For integrated management systems, please provide information about total integration percentage via the information below	
Integrated Management System Review, business strategie and plans (20%)	
Integrated internal auditing (20%)	
Integrated documentation structure including work instructions (20%)	
Integrated system processes (10%)	
Integrated policies and objectives for each standard (10%)	
Integrated improvement mechanism (Corrective and preventive actions, continual improvement) (10%)	
Integrated management support and responsibilities (10%)	
Total Integration Percentage (%)	

The signature of the authority:	Date:
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*Please attach the organization chart with this form, if exists.

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Section 2: Application for ISO 27001 certifications:

<input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Pre-Audit <input type="checkbox"/> Re-certification <input type="checkbox"/> Change (Scope, Address, Title etc.)					
Organization:					
Address (es): (Permanent Location and branches) (Ref: ISO 27006:2015 Table C.1-7)		1-			
Phone:		Fax:		E-mail:	
Contact Person/ Position:					
Total Employee Number					
Total Effective Number of Personnel (Including All Sites and Shifts):	Shift-1		Shift-2		Shift-3
	Permanent:		Permanent:		Permanent:
	Temporary Sub-Contr.		Temporary Sub-Contr.		Temporary Sub-Contr.
	Part-Time Sub-Contr.		Part-Time Sub-Contr.		Part-Time Sub-Contr.
	Total				
Number of Site(s): (Permanent, temporary/ virtual, Disaster Recovery):	Permanent Sites		Temporary/ Virtual Sites		Disaster Recovery Sites
Site Address (es) and activity: (*Temporary site: Worksite of activity for a finite of time / Virtual site: on-line environment according to scope) (Ref: ISO 27006:2015 Table C.1-7)	Temporary sites -activity/operation:			Virtual sites –activity/ operation:	
	▪			▪	

Requested Management System			
<input type="checkbox"/>	ISO 27001	<input type="checkbox"/>	ISO
<input type="checkbox"/>	Other		

The Scope of The Management System Requested to be Certified:
(Ref: ISO 27006:2015 Table C.1-1(a) and C.1-2)
Denote the <u>not applicable</u> clauses of ISO 27001 Appendix A , if exist:
Please provide information about any legal regulations that you are obliged to abide by: (Ref: ISO 27006:2015 Table C.1-2)
If you obtained any consultancy services, please provide information about its content and provider.
For integrated management systems, please provide information integrated management system and total integration percentage via the information below:

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ORGANIZATION DETAILS FOR ISO 27001 CERTIFICATION:

1. Organizational Structure and Number of Personnel details
(Ref: ISO 27006:2015 Table B1)

Address or name of site Organization ¹	Number of personnel on production/service sites	
	Head office	Branch or Site name
Administration		
Accounting		
Financial service		
Security services		
Of them: Physical security service		
Of them: Information security service		
Information Technology		
Of them: Software developers		
Of them: Hardware administrators		
Of them: Corporate information system administrators		
Of them: Database administrators		
Sales departments (marketing)		
Quality control		
Other- organization		
Total approximate number:		

¹⁾ Please attach organizational scheme of your organization.

2. Technical Characteristics of audited sites and Numbers:
(Ref: ISO 27006:2015 Table C.1-4)

Technical Characteristics	Head office	Branch or Site name
Number of physical servers		
Use of virtual servers		
Total number of PC/ Laptop		
Total user number:		
Total amount of communication centers (routers, commutators)		
Use of protected data channels (VPN)		
Availability of security areas	<input type="checkbox"/>	<input type="checkbox"/>
Availability of protection systems	<input type="checkbox"/>	<input type="checkbox"/>
Availability of guard posts	<input type="checkbox"/>	<input type="checkbox"/>
Including: video monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Including: security (fire) alarm	<input type="checkbox"/>	<input type="checkbox"/>
Including: access control system	<input type="checkbox"/>	<input type="checkbox"/>
Other characteristics	<input type="checkbox"/>	<input type="checkbox"/>

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3. Please specify availability of restricted areas (within the frameworks of physical security perimeter for which additional permission in your Organization may be needed (for example: *server room, etc*)

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4. Software and IT assets used in Organization
(Ref: ISO 27006:2015 Table C.1-4)

Software type/	Availability	Details
System software	<input type="checkbox"/>	
Program safeguards:		
Network and encryption technology, Crypto gateways	<input type="checkbox"/>	
Means of authentication	<input type="checkbox"/>	
Means of monitoring and audit	<input type="checkbox"/>	
Security scanners	<input type="checkbox"/>	
Means of access control	<input type="checkbox"/>	
Systems of crypto protection, enciphering and electronic digital signature	<input type="checkbox"/>	
Fire wall	<input type="checkbox"/>	
Antivirus / Anti-spam programs	<input type="checkbox"/>	
Tool software:		
Software development tools	<input type="checkbox"/>	
Data base management systems (DBMS)	<input type="checkbox"/>	
Application software:		
Office applications	<input type="checkbox"/>	
Corporate information systems	<input type="checkbox"/>	
Design and manufacturing systems	<input type="checkbox"/>	
Scientific software	<input type="checkbox"/>	
Clients for access to internet-services	<input type="checkbox"/>	
Multimedia	<input type="checkbox"/>	
Other systems	<input type="checkbox"/>	

5. List the main stages of your Organization's products or services (for example: design, production, management, sales, maintenance)

Short summary of kinds of activity/processes/products/services of your organization (Ref: ISO 27006:2015 Table C.1-1(c))

6. Please write the kinds of important information, processed in your Organization: clients' personal data, employees' personal data, secret of state, commercial secret, for official use, etc.

(Ref: ISO 27006:2015 Table C.1-1(b))

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7. Please write whether the organization has records which cannot be provided for review by the audit team because they contain confidential or secret information

(Ref: ISO 27006:2015 Table C.1-1(a))

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8. Describe (if applicable) software (in-house or purchased) used in management process of your Organization and production (services provision)
(Ref: ISO 27006:2015 Table C.1-6)

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9. Outsourced processes
Write providers of information services and information security services providers in the table.
(Ref: ISO 27006:2015 Table C.1-5)

Process and provider	Description of an outsourced process

10. Please write your ISO 27001 Management System preparedness.
(Ref: ISO 27006:2015 Table C.1-8)

Document Type	Details (e.g. document title, revision etc.)
Management review report	
Internal audit report	
Security policy	
Security objectives	
Quality manual	
Statement of Applicability Doc. No:	
Statement of Applicability Date/ Rev. No	

Preparedness Checklist (Ref: ISO 27006:2015 Table C.1-3)	
Please attach the following information	
<ul style="list-style-type: none"> • Company brochure 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Copies of any valid ISO 27001 certificate 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Copies of any valid QMS, EMS certificate 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Copies of ISMS documentation and applications 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Others 	<input type="checkbox"/>

The signature of the authority	Date

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Section 3: Application for ISO 50001 certifications:

1- <input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Pre-Audit <input type="checkbox"/> Re-certification <input type="checkbox"/> Change (Scope, Address, Title etc.)				
Organization:				
Address (es): (Permanent Location and branches)				
Phone:		Fax:		E-mail:
Contact Person/ Position:				
Total Employee Number				
Effective Number of EnMS Personnel:	Management	Energy Team	Key persons responsible for EnMS	
			Total	
Distribution of EnMS Effective Personnel (Including All Sites and Shifts):	Shift-1		Shift-2	
	Permanent:		Permanent:	
	Temporary Sub-Contr.		Temporary Sub-Contr.	
	Part-Time Sub-Contr.		Part-Time Sub-Contr.	
	Total		Total	
Number of Site(s): (Permanent, temporary and virtual site):				
Site Address (es) and activity: (*Temporary site: Worksite of activity for a finite of time / Virtual site: on-line environment according to scope)	Temporary sites address -no of employee - activity/operation:		Virtual sites address –no of employee - activity/ operation:	
	▪		▪	
Outsourced Processes: (that will affect conformity to the requirements):				

Requested Management System			
<input type="checkbox"/>	ISO 50001	<input type="checkbox"/>	ISO
<input type="checkbox"/>	Other		

The Scope of The Management System Requested to be Certified:
Please provide information about any legal regulations that you are obliged to abide by:
If you obtained any consultancy services, please provide information about its content and provider.
For integrated management systems, please provide information integrated management system and total integration percentage via the information below

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2. List the main stages of your Organization's products or services (for example: design, production, management, sales, maintenance)

Short summary of kinds of activity/processes/products/services of your organization

3. Environmental Management Systems (ISO 14001) Information (if applicable)

Significant Environmental Aspects / Impacts (eg. Waste, Energy usage, Chemicals)			
Significant Energy Sources			
Licences and Authorisations, that you have (i.e. Permits, Discharge Consents, etc.)			
EMS contact, if different from page 1:			
Name:		Tel:	
Position:		E-mail:	

4. The list of consumption energy and fuels on the location (inputs - annual energy consumption):

Input	Consumption	Unit
Electricity		
Heat		
Natural gas		
Other gas		
Brown coal		
Black coal		
Coke (fuel)		
Other solid fuel		
Light fuel oil		
Heavy fuel oil		
Diesel		
Benzine		
Steam consumption - delivered by an external		
Compressed air - delivered by external		
Secondary sources		
Renewable sources		
Other fuel		
The sum of all energy consumption and sum of energy sources:	Σ	

5. Write information and total number of significant energy users:

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6. Details for EnMS:

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Energy data availability	<input type="checkbox"/> Centralized at head office	<input type="checkbox"/> De-centralized
What processes are used for collecting, processing and reporting energy data (e.g. applied software etc.)?		
What type of documentation and in which format is the energy data available (e.g. Excel sheets)?		
Are there results available for recent assessments of energy data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any special safety requirements or security clearances needed to visit your site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Energy Management Team short information if appointed		

7. List the main stages of your Organization's products or services (for example: design, production, management, sales, maintenance)

Short summary of kinds of activity/processes/products/services of your organization

EnMS contact, if different from page 1			
Name		Tel:	
Position		E-mail:	

8. Please write your ISO 50001 Management System preparedness.

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Document Type	Details (e.g. document title, revision etc.)
Management review report	
Internal audit report	
EnMS policy	
EnMS objectives	
Quality manual	

Preparedness Checklist	
Please attach the following information	
• Company brochure	<input type="checkbox"/>
• Copies of any valid ISO 50001 certificate	<input type="checkbox"/>
• Copies of any valid QMS, EMS certificate	<input type="checkbox"/>
• Copies of EnMS documentation and applications	<input type="checkbox"/>
• Others	<input type="checkbox"/>

The signature of the authority	Date