



To: **NIPPON KAIJI KYOKAI**
Certification Department I

1) qad@classnk.or.jp
2) Fax +81-3-5226-2179

Request for Quotation

I, undersigned applicant, am requesting a quotation under the following condition.

(A) Company (main location)

Name:	Person in charge with title
Office name (if any)	Contacts: Tel.: e-mail:
Address	Number of employee (engaged in activities)
Activities/Products/Services	Persons

(B) Additional Sites, branches or service office

(Please tick box)

<input type="checkbox"/> No / <input type="checkbox"/> Yes () sites in total	
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*Note: Please attach the information for each additional site such as location, number of employees, activities/products/services as appropriate.

(C) Scope (Proposed scope)

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(D) Standards to be applied

(Please tick box)

<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> OHSAS 18001:2007
<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 45001:2018

(E) Anticipated time of certification

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(F) Company brochure or materials attached

(Please tick box)

<input type="checkbox"/> No / <input type="checkbox"/> Yes ()

(G) Miscellaneous

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Applicant in a representative position

Organization		Signature	
Tel. & e-mail		Name & Position	