

QUESTIONNAIRE

调查表

Please provide the following information to enable us to confirm the costs of registration. 请提供以下信息以便我们能够确认注册成本

Please advise on type of registration sought: ISO 9001:2000 / EMS 14001 / HACCP / OHSAS 18001 / ISO22000 / BRC/ IFS / MSC / COC / FSC 请建议所注册的类别

Name of Organisation: _____

组织名称

Corporate Identity (eg Limited Company): _____

公司性质(例如有限公司)

Office Address: _____

办公室地址

Person to Contact: Mr / Ms _____ Position: _____

联系人

职位

Tel No: _____ Email / or Fax No: _____

电话号码

邮箱/或传真号码

No. of Directors/Partners: _____ Legal Status: _____

董事/股东人数

法律地位

Managers: _____

经理

Office Staff: _____

办公室员工

Workforce / Site Staff: _____

车间/现场员工

Required Scope of Registration: _____

所需的注册范围

Have you a specific date for attaining registration? (If so, please advise):

获得注册的日期有无特殊要求? (如果有, 请注明)

Please provide information which you think will help HARVEST to prepare a quotation for assessing your quality system, including general information concerning your quality system.

请提供你认为可以帮助 Harvest 准备报价单来评审你们质量体系的信息, 包括与质量体系相关的信息

A brochure of your Company's products / activities would be helpful (if available).

公司产品/活动的宣传册以帮助(如果适用)

Please return this questionnaire after completion to:

请完成此份调查表后返回至:

青岛海瑞德企业管理咨询有限公司

电话: (0532) 85806837 85800257 传真: (0532) 85800257

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