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| **NOTES ON THE COMPLETION OF THE REQUEST FOR QUOTATION (RFQ) FORM** |
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| Dear Organization Representative,Please complete this Client Information Update Form for all the relevant sections. All information supplied will be treated with strict confidentiality. The purpose for this form is ensure that information submitted at the time of your initial certification/recertification or from your last update remains accurate and relevant.1. **General Information**
2. This Client Information Update Form is for one manufacuring site or factory only. Any additional manufacturing sites require separate Client Information Update Forms for each site.
3. The Certificate Holder is the entity responsible for ensuring compliance to the terms and conditions of the certificate and will be liable for all costs related to an application and/maintenance of certification. This may be the manufacturer, distributor, agent etc.
4. The Manufacturer is the entity who owns or operates the physical location where the end product is produced/assembled. The address is the the head office of the manufacturer in the country, constituting the centre for administration, planning and control.
5. The Manufacturing Site is the physical location where the production/assembly occurs.
6. **Guidance on Return of Forms**
7. Please return in electronic format via email nmuzandu@zabs.org.zm or alternatively in hard copy delivery to the following address:

Certification ServicesZambia Bureau of StandardsLechwe House, Freedom Way - South EndP.O. Box 50259ZA 15101 RidgewayLusaka, Zambia1. For any enquiries regarding completion of this form please contact us on +260 (0)976 787483 or email nmuzandu@zabs.org.zm.
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| 1. **CERTIFICATE HOLDER DETAILS**
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|  |
| Role of Certificate Holder (please tick) | Manufacturer | [ ]  | Agent/Distributor | [ ]  |
|  |
| Organisation Name |       | Contact Person |       |
|  |
| Physical Address |       | Position |       |
|  |  |  |  |  |
|  |       | Mobile |       |
|  |  |  |  |  |
|  |       | Email |       |
|  |
| Postal Address |       | Website (If applicable) |       |
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| 1. **MANUFACTURER DETAILS** (If not the Applicant/Certificate Holder)
 |
|  |  |  |  |
| Company Name |       | Contact Person |       |
|  |
| Physical Address |       | Position |       |
|  |  |  |  |  |
|  |       | Mobile |       |
|  |  |  |  |  |
|  |       | Email |       |
|  |
| Postal Address |       | Website (If applicable) |       |
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| 1. **MANUFACTURING LOCATION** (If different from the address in Section **2**)
 |
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| Site Name |       | Contact Person |       |
|  |
| Physical Address |       | Position |       |
|  |  |  |  |  |
|  |       | Mobile |       |
|  |  |  |  |  |
|  |       | Email |       |
|  |
| Postal Address |       | Size of factory (m2) |       |
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| 1. **EMPLOYEE INFORMATION**
 |  |
|  |  |
| Total no. of Employees |       | No. of shifts |       |  |
|  |  |
| If you only have one shift, complete shift 1 details only. |  |
|  |
| *Shift* | Shift 1 | Shift 2 | Shift 3 | Total Employees |
|  |  |  |  |  |  |
| *Shift times* |       |       |       |  |
|  |
| Finance |       |       |       |       |
|  |
| Administration |       |       |       |       |
|  |
| Human Resources |       |       |       |       |
|  |
| Marketing/sales |       |       |       |       |
|  |
| Logistics |       |       |       |       |
|  |
| Production |       |       |       |       |
|  |
| Engineering/Maintenance |       |       |       |       |
|  |  |
| Subcontracted |       |       |       |       |
|  |
| Temporal/Unskilled |       |       |       |       |
|  |
| *Total Employees* |       |       |       |       |
|  |  |  |  |  |
| Percentage of employees not involved in any way in activities related to the products requiring certification |       |
|  |
| Are significant number of your employees involved in the same basic repetitive tasks e.g. machine operators, sales persons, drivers etc.? | Yes | No |
| [ ]  | [ ]  |
|  |
| If yes, please give details of the tasks and the number of employees involved. |
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|       |
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| 1. **PRODUCT CERTIFICATION SCHEME** (please tick the scheme to which you are currently certified)
 |
|  |  |  |
| Quality Mark | [ ]  | Certified Local Supplier | [ ]  | Good Food logo | [ ]  |
|  |  |  |  |  |  |
| *Please attach copy of relevant ZABS certificate(s)* |
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| 1. **PRODUCT DETAILS** (If more than 10 products, please attach an additional sheet)
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|  |  |
| Description of Product | Brand or Trade Name | Standard | Production in Last 12 months(Quantity & Units) | Unit Selling Price (ZMW) |
|  |  |
|       |       |       |       |       |
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|       |       |       |       |       |
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| 1. **YOUR MANAGEMENT SYSTEM**
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| Is your management system certified to any of the standards listed below (please tick) |
|  |
| ISO 9001:2015 Quality management system |  | Yes | [ ]  | No | [ ]  |
|  |
| ISO 22000/FSSC Food safety management system |  | Yes | [ ]  | No | [ ]  |
|  |
| *If yes, please submit certificate.* |  |  |  |  |  |
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| **8. COMPLETED BY** |
|  |  |  |  |  |  |  |  |  |  |
| Name  |       | Date |       |
|  |  |  |  |  |  |
| Position |       |  |  |
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