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| **NOTES ON THE COMPLETION OF THE REQUEST FOR QUOTATION (RFQ) FORM** |
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| Dear Organisation Representative,Please complete the Request for Quotation (RFQ) form for all the relevant sections. All information supplied will be treated with strict confidentiality. Your completion of this RFQ does not commit you to using our services and no fee will be charged for submission of the RFQ.1. **General Information**
2. This RFQ is for one manufacuring site or factory only. Any additional manufacturing sites require separate RFQs for each site.
3. The Applicant or 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 for certification. The Applicant or Certificate Holder 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. Communications will be limited only to the Applicant and its representatives during the application process.
7. **Guidance on Return of Forms**
8. On receipt of this completed enquiry form, ZABS will prepare and submit a ***no obligation*** proposal detailing the assessment, certification and other costs.
9. Please return in electronic format via email certification@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)777 764421 or email our certification unit certification@zabs.org.zm.
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| 1. **APPLICANT/CERTIFICATE HOLDER DETAILS**
 |
|  |
| Role of Applicant/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**)
 |
|  |
| Site Name |       | Contact Person |       |
|  |
| Physical Address |       | Position |       |
|  |  |  |  |  |
|  |       | Mobile |       |
|  |  |  |  |  |
|  |       | Email |       |
|  |
| Postal Address |       | Size of factory (m2) |       |
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| 1. **EMPLOYEE INFORMATION** (If not the address in **2**)
 |  |
|  |  |
| 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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| 1. **PRODUCT CERTIFICATION SCHEME** (please tick)
 |  |  |
|  |  |  |
| Quality Mark | [ ]  | Certified Local Supplier | [ ]  | Good Food logo | [ ]  |
|  |  |  |

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| 1. **SERVICES REQUIRED** (please tick)
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|  |
| Certification | [ ]  | Renewal of Certification | [ ]  |
|  |
| Extension of Scope | [ ]  | Transfer of Certification *(go to section 7)* | [ ]  |
|  |
| Modification of Product *(go to section 10)* | [ ]  |  |  |
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| 1. **TRANSFERRING YOUR CERTIFICATION**
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|  |  |  |  |  |  |  |  |
| Are transferring your product certification? | Yes | No | If no, go to Section 8. |
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|  | [ ]  | [ ]  | If yes, please answer the following questions: |
|  |  |  |
| Which certificates do you wish to transfer? |
|  |  |  |  |
| Certificate No. | Standard | Valid Until Date | Certification Body (CB) |
|  |
|       |       |       |       |
|  |
|       |       |       |       |
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|       |       |       |       |
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|       |       |       |       |
|  |
|  |
|  | Yes | No |
|  |
| Are your certifications currently active and are not in suspension or withdrawal? | [ ]  | [ ]  |
|  |  |  |  |
| Have any complaints been raised against your organization to your CB? | [ ]  | [ ]  |
|  |  |  |  |
| Is a regulatory body currently investigating you in relation to activities you are certificated for? e.g. ZEMA | [ ]  | [ ]  |
|  |
| Do you have any major non-conformities your current CB has not verified corrective actions? | [ ]  | [ ]  |
|  |
| Do you have any minor non-conformities your CB has not yet accepted your corrective action plans? | [ ]  | [ ]  |
|  |
| How frequently do you receive audits from your current certification CB: | Annual | [ ]  | 6 Monthly | [ ]  |
|  |
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|  |
| Please detail your last audits up to and including the latest recertification audit |
|  |
| Audit Type (Initial/Surveillance/Recertification/Special) | Audit Duration | Audit Date(s) |
|  |
|       |       |       |
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|       |       |       |
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|       |       |       |
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| To support your transfer please provide the following: |
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| Copies of your certificates | [ ]  | Audit reports for all audits conducted up to and including your last recertification audit, if applicable | [ ]  |
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| 1. **PRODUCT DETAILS** (If more than 5 products, please request a supplementary sheet)
 |  |
|  |  |
| Description of Product | Brand or Trade Name | Standard | Annual Production#(Quantity & Units) | Unit Selling Price (ZMW) |
|  |  |
|       |       |       |       |       |
|  |  |
|       |       |       |       |       |
|  |  |
|       |       |       |       |       |
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|       |       |       |       |       |
|  |  |
|       |       |       |       |       |
|  |  |
| # If this is a new factory, you may instead estimate your annual production volume |  |
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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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| 1. **MODIFICATIONS TO PRODUCT** (If more than two products, please request a supplemental sheet)
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|  |
| Description of Product | Brand or Trade Name | Proposed Changes |
|  |
|       |       |       |
|  |
|       |       |       |
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| 1. **TARGET ASSESSMENT DATE** (Only for new clients)
 |  |  |
|  |  |  |
| Do you have a target assessment date? | Yes | [ ]  | No | [ ]  | If yes, please indicate the date: |       |
|  |  |  |

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| 1. **WHERE DID YOU HEAR ABOUT ZABS?** (Tick all that apply))
 |  |  |
|  |  |  |
| Already a client | [ ]  | Consultant | [ ]  | ZABS website | [ ]  |
|  |  |  |
| Recommendation from another company | [ ]  | Search engine e.g. Google | [ ]  | Trade publication | [ ]  |
|  |  |  |
| Exhibition | [ ]  | Social media | [ ]  |  |  |
|  |  |  |
| Other (Please specify) |
|  |  |  |
|       |
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| **13. COMPLETED BY** |
|  |  |  |  |  |  |  |  |  |  |
| Name  |       | Date |       |
|  |  |  |  |  |  |
| Position |       |  |  |
|  |