

REGISTRATION FORM

We _____ are interested in the following consultancy service(s) / program(s) offered and managed by Quality Advisors

Consultancy Programs	Support / Additional Services	Trainings
<input type="checkbox"/> Integrated Management System (IMS)	<input type="checkbox"/> Measure our Cost of Quality	<input type="checkbox"/> Internal Quality Auditing
<input type="checkbox"/> ISO 9001 QMS	<input type="checkbox"/> Measure our Process Capability	<input type="checkbox"/> Aspect / Risk Assessment and Mitigation
<input type="checkbox"/> ISO 14001 EMS	<input type="checkbox"/> Conduct our Internal QMS Audit	<input type="checkbox"/> Corrective and Preventive Actions
<input type="checkbox"/> OHSAS 18001 OH&S	<input type="checkbox"/> Conduct our Suppliers' Audits	<input type="checkbox"/> Customer Focus and QFD
<input type="checkbox"/> AS 9100	<input type="checkbox"/> Conduct Physical Audit of our Stores	<input type="checkbox"/> Statistical Process Control / QC Tools
<input type="checkbox"/> ISO/TS 16949 [formerly QS9000]	<input type="checkbox"/> Conduct our Customer Satisfaction Survey	<input type="checkbox"/> Cost of Quality
<input type="checkbox"/> ISO 17025	<input type="checkbox"/> Conduct our Internal EMS Audit	<input type="checkbox"/> Control of Documents and Recordkeeping
<input type="checkbox"/> SA 8000	<input type="checkbox"/> Conduct our Internal Health and Safety Audit	<input type="checkbox"/> Material Resource Planning
<input type="checkbox"/> Tick IT	<input type="checkbox"/> Conduct our Internal Social Accountability Audit	<input type="checkbox"/> Quality Circles, Kaizen and 5S Housekeeping
<input type="checkbox"/> HACCP	<input type="checkbox"/> Conduct our Internal IMS Audit	<input type="checkbox"/> Quality Planning and Key Performance Indicators

for the following offices / sites:

#	Name of Offices / Sites	Product / Service	Location / Address	Number of Staff / Workers

Any National / International Certifications already achieved: _____

- Send us a Proposal.
- We will inform you of the proceedings and order by ____ / ____ / ____.

Our website address is http://_____ and Fax Number _____

Our contact persons are:

IMS / HSE&Q Representative Name:	Contact Nos.:
Official Designation:	Email Address:
HRM Representative Name:	Contact Nos.:
Official Designation:	Email Address:
CEO / MD / Owner Name:	Contact Nos.:
Director Finance Name:	Contact Nos.: