

COMPANY NAME :

(Please indicate legal status i.e. Ltd., Pvt. Ltd., Partnership, Proprietorship)

DATE:

HEAD OFFICE ADDRESS:

STREET ADDRESS:

CITY: WEBSITE: ZIP CODE:

STATE: EMAIL ID: PHONE:

OTHER ADDRESS

STREET ADDRESS:

CITY: ZIP CODE: STATE:

CONTACT PERSON DETAILS

FIRST NAME: MIDDLE NAME: LAST NAME:

MOBILE NO: EMAIL ID:

ASSESSMENT STANDARD AGAINST WHICH REGISTRATION IS SOUGHT: SELECT:

SCOPE OF WORK:

I wish to apply for Registration of our Company under the above Standard and Scope of registration further to your quotation reference.

DECLARATION

In making this application we agree to be bound by the Rules and Regulations pertaining to PQS Certification and such additional conditions as the Governing Board of the Scheme may from time to time deem necessary and appropriate. I also agree to entry of the Company on the PQS Certification website. I also understand and agree that unless otherwise instructed by me in writing, confidential information may be viewed by a third party or accreditation board for Accreditation renewal purposes (see Scheme Regulations). For Multiple sites, I confirm that I am authorized to sign for and on behalf of all sites entered on this application form.

CLIENT NAME: REPRESENTATIVE NAME:

CLIENT SIGNATURE & SEAL: REPRESENTATIVE SIGNATURE:

Attachments Required with this form :

1. Business proof (ROC COPY / VAT RC / SERVICE TAX COPY / VAT-TIN COPY)
2. Address proof (ELECTRICITY BILL / RENT AGREEMENT / TELEPHONE BILL)
3. COMPANY PAN CARD / OWNERS PAN CARD

Head Office : 3641/14, 4th Floor, Near Khalsa College,
Regarpura, Karol Bagh, New Delhi - 110005

Corporate Off : 203, Building No. 2C, New Mhada Complex,
Jankalyan Nagar, Malad West, Mumbai-400095

Contact Us: 9999681950,9971325401 | Email: pqscertification@gmail.com | Website: www.pqscertification.com | Branches: Kolkata,Pune,Jaipur, UP