

#### Request for Quotation

# ISO 27001

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**Information Security Management**

**Systems**

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| **COMPANY DETAILS** |
| Name of organisation: | Address: |
| Contact Name:  | Function:  |
| Telephone:  | Email:  |
| Direct dial:  | Web Address:  |
| What does your organization do:  |
| Number of full-time personnel within the scope of the Information security management system:Total number of parttime personnel: |
| **What is the 'scope’ of your management system**:*(i.e. what is the applicable activity or specific activities to which you wish your organization to be certified to. Consider 'external’ and ‘internal’ issues, interested parties, interfaces and dependencies and the information security requirements of these parties)**Note: Normally the scope will cover the processes, products and locations that are to fall under the ISMS certification. If your organization is already certified to other management system, e.g. ISO 9001, you may be able to develop the scope from that scope while keeping information security requirements in mind. The agreed scope statement will appear on any certificate(s) issued.* |
| **List exclusions and justification for exclusion**: (As recorded on your Statement of Applicability)  |
| Statement of application in place? **YES:** [ ]  **NO:** [ ]  ***If in place, please forward with this form*** |
| Is the scope under ISMS covering only part of the organisation’s activities? **YES:** [ ]  **NO:** [ ]   |
| How many permanent sites are to be included in the scope of your management system: *The term ‘site’ refers to different geographical locations included in the scope.* |
| Does your organization operate from any temporary sites? **YES:** [ ]  **NO:** [ ]  If Yes, approximately how many and how frequently?  |
| What specific Legal, Regulatory and Contractual requirements relate to your organizations activity(ies):  |
| List the processes (that have been included within the 'scope') to which your organization follows: *(i.e. enquiry, payment processing, data processing, marketing, etc.)* |
| **TECHNICAL**  |
| What technology, including software and applications; and/or equipment is used to conduct your organizations activity(ies): *(e.g. Sage for Accounts, Act etc.)* |
| Number of application development and maintenance staff:  |
| Number of information systems used: *(Hardware and software that people and organizations use to collect, filter, process, create, and distribute data)* |
| Number of IT platforms: *(A computer platform generally means the operating system and computer hardware only)* |
| Number of servers used to conduct the scope activity(ies):  |
| Number of Workstations + PC + Laptops:  |
| Number of networks, and their size: *(A network is a group of two or more computer systems linked together)* |
| Type of Network & Encryption technology? (Identify which is appropriate) |
| External internet connection withencryption/digitalsignature/PKI(Public Key Infrastructure)requirements | [ ]  Yes[ ]  No | External Internetconnection with use of encryption in built in standard facilities and without digital signature/PKI requirements | [ ]  Yes[ ]  No | External internet connection without encryption/digital signature/PKI requirements | [ ]  Yes[ ]  No |
| Volume of information processed *(expressed as Gigabytes weekly)*: Of which, identify the volume (%) of sensitive and critical information handled and processed: Is the information processed repetitive: **YES:**  [ ]  **NO:** [ ]  |
| Do you have remote users, specify **YES:** [ ]  **NO:** [ ] If Yes, please give numbers:Employees: Customers: Suppliers: What is the extent of remote working taking place:   |
| What is the number of users to each system: What is the number of privileged users:  |
| What are the number and types of electronic transactions: *(e.g. e-commerce-purchasing/selling)* |
| **LANGUAGE RESTRICTIONS** |
| If the scope of your certification involves international locations, please answer the following questions: -  |
| Is the documentation available in English?  |
| Will there be an English-speaking site representative available during the audit?  |
| If there is NO English-speaking representative, will there be a translator provided?  |
| **OTHER DETAILS** |
| Are you using the services of a Consultant? **YES:** [ ]   **NO:** [ ]  |
| Is this a transfer from another certification body? **YES:** [ ]   **NO:** [ ] **If yes, please attach a copy of your current accredited certificate of registration.** |
| **In the following table please categorise if organisation is 1, 2 or 3** |
| **Category** | **Answer** |
| *Type(s) of business and regulatory requirements* | 1. Organization works in non-critical business sectors and non-regulated sectorsa 2. Organization has customers in critical business sectorsa3. Organization works in critical business sectorsa  | [ ] [ ] [ ]  |
| *Process and tasks* | 1. Standard processes with standard and repetitive tasks; lots of persons doing work under the organization’s control carrying out the same tasks; few products or services2. Standard but non-repetitive processes, with high number of products or services3. Complex processes, high number of products and services, many business units included in the scope of certification (ISMS cover highly complex processes or relatively high number or unique activities) | [ ] [ ] [ ]  |
| *Level of establishment of the MS* | 1. ISMS is already well established and/or other management systems are in place2. Some elements of other management systems are implemented, others not3. No other management system implemented at all, the ISMS is new and not established | [ ] [ ] [ ]  |
| a Critical business sectors are sectors that may affect critical public services that will cause risk to health, security, economy, image and government ability to function that may have a very largenegative impact to the country. |

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| **OTHER MANAGEMENT SYSTEMS** |
|  | **ISO 9001** | **ISO 14001** | **ISO 45001** | **Other** |
| Have you been audited to another Management System: |  |  |  |  |
| Who is the Certification Body: |  |  |  |  |
| Original certification issue date: |  |  |  |  |
| Certificate expiry date: |  |  |  |  |
| Is the existing certified management system to be integrated with your ISMS? **\*** |  |  |  |  |
| **\*Please attach a copy of your current Management System certificate(s) if you wish to receive a quotation for certification transfer.** |

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| **PLEASE SUPPLY A COPY OF THIS SECTION FOR EACH SITE INCLUDED WITHIN THE SCOPE OF YOUR MANAGEMENT SYSTEM** |
| **Site Number:** *(1, 2, 3 etc.)* |
| **Site Address:**  |
| **List ALL main activity(ies) conducted from this site:** *(i.e. sales, information processing, hosting etc.)* |
| **EMPLOYEE ROLES** |
| **Total Number of Employees for this site** *(please provide an organization chart)* |
| Full Time:  | Part Time:  |
| **Work Pattern** |
| Day Work (e.g. 9am – 5pm) | Number of Shifts:Shift Work Pattern:*(e.g. 8am – 6pm, 5pm – 10pm)*Number of Full Time and Part Time personnel on each shift: |

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| **MANAGEMENT SYSTEM** |
| If you have multiple sites, is the same management system used for all sites or are they managed independently under individual systems:Is a central management review program in place **YES:** [ ]   **NO:** [ ]  |
| Do you feel that the Information Management System is ready for certification audit? **YES:** [ ]  **NO:** [ ] If no, what is your target date for certification audit:Are there any ISMS records that contain confidential or sensitive information that will not be available for review by the audit team **YES:** [ ]  **NO:** [ ]   |
| If you are applying for more than one standard to be audited, are they created as an integrated management system? [ ]  **YES** [ ]  **NO****Please state which other standard(s) you are applying for, if any:** *We may contact you for further information relating to this.* |

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| **APPLICANT SIGNATURE** |
| I confirm that to the best of my knowledge the above information is a true account: |
| **Signed:** |  | **Date:** |  |
| **Thank you for completing this request for quotation form.****Please submit to:****Email:** **certification@nsai.ie****Post: NSAI, Certification, 1 Swift Square, Northwood, Santry, Dublin 9 Tel: 01 807 3800** |