

#### 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? |
| What are your ISMS objectives? |
| **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)?**List Exclusions and justification of 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 organizations activities? [ ]  **YES** [ ]  **NO :** Note 1: Normally the scope will cover the organization processes, products and location to be under the ISMS Certification. If your organization is already certified to other management system like ISO 9001, you may be able to develop the scope from that scope, keeping information security requirements in mind. The agreed scope statement will appear on any issued certificate.  |
| How many permanent sites are to be included in the scope of your management system? If more than 1, how similar or different are these sites?Site means 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)? (e.g. US HIPAA, FISMAUK - Computer Misuse Act, Data Protection Act) |
| 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** |
| If Yes, please complete the details below:- |
| Consultants Name: | Consultants Telephone No.: |
| Consultants Address: |
| Consultants email: |
| Is this a transfer from another certification body? | If Yes, please confirm the name of the certification body you are transferring from? |
| What was the Initial Certificate Date? | Current Certificate expiry date: |
| Do you require a Gap Analysis? (This exercise identifies what you have in place currently against the requirements of the standard and is an additional service to the certification audit). |
| **OTHER MANAGEMENT SYSTEMS** |
|  | **ISO 9001** | **ISO 14001** | **OHSAS 18001** | **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 Management System certificate(s)** |
| **PLEASE SUPPLY A COPY OF THIS PAGE FOR EACH SITE INCLUDED WITHIN THE SCOPE OF YOUR MANAGEMENT SYSTEM** |
| Site Number: |
| Address:List ALL main activity(ies) conducted from this site (i.e sales, information processing, hosting etc.,):Please list the number of Sub-contractors used and their function:What is the number of Personnel based at Clients site(s)and what is their function:**Please provide an organization chart.** |
| **EMPLOYEE ROLES** |
| Total Number of Employees for this site : | Full Time: | Part Time: |
|  | Total 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: |
| **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** |
| Approximately, what date did you start the ISMS management system. **MONTH/YEAR:** |
| Do you feel that the Information Management System ready for certification audit? [ ]  **YES** [ ]  **NO**If no, what is your target date for certification audit? |
| If you are applying for more than one standard to be audited, are they created as an integrated management system? [ ]  **YES** [ ]  **NO****If yes, 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** |