**证书内容确认件 Confirmation of Certificate Contents**

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| 为确保制证信息准确，请客户准确填写 To make sure the correct information , clients are required to fill this form carefully. |
| 1客户名称（中文）Client Name(Chinese) ： |
| 2客户名称（英文）Client Name(English)： |
| 3注册地址（中文）Address (Chinese) （应准确界定认证范围所覆盖的地域，适用时包括运营地址和体系覆盖的分支机构地址） (geographic location of the certified scope,or the geographic location of the operation site and branch site covered by within the system) |
| 4地址（英文）Address (English) ： |
| 5邮政编码 Post Code： | 6法定代表人 Legal Representative： | 7组织机构代码 Organization Code： |
| 8联系人Contact person： | 9联系电话Tel： | 10传真Fax： |
| 11认证范围（中文）Certification Scope(Chinese)： |
| 12认证范围（英文）Certification Scope (English)： |
| 13具体产品具体信息（注：此栏目只适用于HACCP/FSMS认证）Detail Information of the Products (only for HACCP/FSMS):

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| 产品名称Product Name | 生产场所/车间Production Place/Workshop | 产品类型Product Type | 产量（吨）Output(ton) | 产值（万元）Output Value( RMB 104) |
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**获证产品销售范围：□从境外进口到中国 □全部出口，主要目标市场为：** **□全部内销 □出口内销兼有，（请说明如何区分） □其他** Sales scope of the certified product: ❒import to China ❒all for export to overseas, targeting market\_\_\_\_\_\_\_\_\_\_\_ ❒all for sales in domestic market ❒ import and export ( pls. explain how to distinguish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ others |
| 14认证标准Certification Standard： SoA版本（ISMS适用）SoA version(only for ISMS):： 发布日期 Date of issuing： |
| 15组织规模：❒大型L(1000人以上) ❒中型M(51-1000) ❒小型S(50人以下)Size of Client:❒ Large (L) (over 1000 employees) ❒Medium（（M）(51-1000 employees) ❒Small (S) (less than 50 employees) |
| 16组织性质：❒政府机关 ❒事业单位 ❒社会团体 ❒企业组织 ❒其它组织1. Type of organization: ❒government department ❒ institutional organization

❒social group ❒enterprise ❒others |
| 客户代表确认Client Representative： （公 章） (Official Seal)  | 审核组长（签字）Audit Team Leader (Signature) 年 月 日Date: (DD MM YY)注：如因部分认证范围未获CNAS认可，请另行填写此表。Note: if part of certification scope beyond the CNAS accreditation, pls fill in this form separately. |
| **以下内容由CQM各地公司填写****The following is required to be filled by CQM branch** |
| ❒专业代码NACE Code（ ）。认证证书是否带CNAS标志Certificate is with the marks of CNAS ❒是Yes ❒否No |
| ❒认证发证Initial Certification ❒再认证第\_\_\_\_\_次换证Recertification for \_\_\_ times ❒变更证书Certificate change ❒机构间转换Transfer between different CBs ❒其它Others原证书编号（仅在再认证、变更证书时填写）Original certificate No.(filled only when recertification, certificate change happen)：首次发证日期The granting date for the first time：□实收的认证费用Certification fee 元yuan □发票号Invoice no.  |
| □申请换发IQNet成员机构(如JQA、KFQ等)Applying for transferring the IQNet members (JQA/KFQ, etc.) 的证书 certificate(仅限于QMS、EMS、OHSMS、ISMS且带CNAS标志的only for QMS/EMS/OHSMS/ISMS, and with the logo of CNAS) |
| 各地公司核对意见Confirmation by CQM branch： ❒清晰、准确clear,/accurate ❒认证范围描述准确 correct description of certification scope 盖章/日期Seal/Date |
| **以下由CQM填写 The following is required to be filled by CQM head-office** |
| 证书编号Certificate No.： 本次发证日期 Granting date for this time： 有效期至Expiry date： |