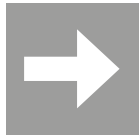




ANTI BRIBERY (ISO 37001) QUOTE REQUEST FORM



INSTRUCTIONS FOR COMPLETION:

Please ensure when completing this form it is downloaded and saved locally before completing. This interactive PDF should be opened and completed in Adobe Reader/Acrobat before resaving and returning to NQA.

IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN
THE NQA [MULTI-SITE SUPPLEMENT QUESTIONNAIRE](#).

1. Organisation details:

Company name (Legal entity requiring verification):	<input type="text"/>	Country:	<input type="text"/>
Main office address:	<input type="text"/>		
Postcode:	<input type="text"/>	Website:	<input type="text"/>
Contact name:	<input type="text"/>		
Job title:	<input type="text"/>		
Email:	<input type="text"/>		
Direct dial:	<input type="text"/>	Mobile:	<input type="text"/>

2. Integrated management systems:

Is your management system integrated with other standards and to what extent?

Yes - full

Yes - partial

No

☐☐☐

For further detail on integration approaches within management system standards, please [click here](#).

3. Please provide details of the breakdown of your employees at this location:

	Core hours	Shift 1	Shift 2	Shift 3	Total no. of employees
No. of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please detail the processes and activities at this site:

Please detail the activities your employees conduct and the number involved in each task (e.g. maintenance, office based, production):

Task	Employees	Task	Employees	Task	Employees
Sales	<input type="text"/>	Operations/Delivery – office/site based	<input type="text"/>	R&D	<input type="text"/>
Marketing	<input type="text"/>	Operations/Delivery – field based	<input type="text"/>	Management	<input type="text"/>
Finance	<input type="text"/>	Compliance	<input type="text"/>	Other	<input type="text"/>
HR	<input type="text"/>	Maintenance	<input type="text"/>		
Total no. of employees:	<input type="text"/>				

Where part time workers or seasonal workers are employed, please provide full details below:

4. Are you?

A new client?	<input type="checkbox"/>	A transferring client?	<input type="checkbox"/>	Adding a standard to your certification?	<input type="checkbox"/>
An existing NQA client?	<input type="checkbox"/>	Expanding your scope of certification?	<input type="checkbox"/>	Adding a site to your certification?	<input type="checkbox"/>

5. Requested scope of verification:

Note: The scope should explain succinctly the purpose and output covered by ABMS; it should describe what the organisation does, not how it does it (e.g. the provision of architectural design services, or Information security management for...).

6. Do you provide installation, contract site works or undertake your business activity at client locations?

Yes ☐ No ☐

7. Do you have outsourced or subcontracted activities?

Yes ☐ No ☐

Please provide details of any externally provided processes, products and services:

8. Does the organisation have a simple structure with vertical lines of management communication and few decision makers?

Yes ☐ No ☐

9. Do you have a target assessment date?

10. Consultant use:

Are you using a consultant to help you implement/manage the management system?

Yes ☐ No ☐

Consultancy name/contact info:

11. Where did you hear about NQA's service? (Tick all that apply)

Existing client	<input type="checkbox"/>	Event (exhibition or virtual)	<input type="checkbox"/>	Social media	<input type="checkbox"/>
Consultant recommendation	<input type="checkbox"/>	Promotional email	<input type="checkbox"/>	Advertising campaign	<input type="checkbox"/>
Professional recommendation	<input type="checkbox"/>	NQA website	<input type="checkbox"/>	Search engine (Google)	<input type="checkbox"/>
Other (please specify)	<div></div>				

Please ensure that the following sections of this form are also completed (as appropriate).
PLEASE CLICK BELOW TO GO DIRECTLY TO THE RELEVANT SECTION:

If you have any problems completing this form please call 0800 052 2424 (option 2) or email sales@nqa.com

If you choose to give us any personal information (for example your e-mail address) we will treat this information in line with our privacy notice which can be located here: <https://www.nqa.com/en-gb/privacy>. We will only use the information provided to respond to your enquiry and provide you with any information or materials requested. By submitting this information you are requesting a quote for services from NQA and a subsequent quote letter will be issued to you based on the information provided within this form.



NQA, Warwick House, Houghton Hall Park, Houghton Regis,
Dunstable, Bedfordshire LU5 5ZX, United Kingdom
T: 0800 052 2424 E: info@nqa.com @nqaglobal

www.nqa.com



SECTION A - ISO 37001

☐

ISO 37001:2016

☐

ISO 37001:2025

1. Please provide details of how the organization delegates decision making authority:

2. Please provide details of the locations and sectors in which the organization operates or anticipates operating:

3. Please list any entities which your organization has control over and detail the nature of the relationship:

4. Please list any entities which exercise control over your organization and detail the nature of the relationship:

5. Please detail the level of engagement your organization has with regulatory authorities and public officials:

DUE DILIGENCE

1. Are you or has your business been subject to investigation and/or prosecution in the last 5 years? This includes any ongoing interaction with regulatory authorities which may potentially lead to prosecution.

Yes

☐

No

☐

If yes, please provide details below:

2. Are you aware of any adverse press reports in the public domain relating to your organization and its activities?

Yes

☐

No

☐

If yes, please provide details below:

3. Please tick to confirm that you have attached a copy of your Anti-Bribery risk assessment in conjunction with this completed Quote Request Form.

Yes

☐

No

☐

Please note NQA require this in order to provide you with a quote for certification.