



# 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):  Country:

Main office address:

Postcode:  Website:

Contact name:

Job title:

Email:

Direct dial:  Mobile:

### 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"/>				

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)

**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](mailto: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.



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# SECTION A - ISO 37001:2016

**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: