



Integrated Training & Assessment Systems

Date:

App. No:

**CUSTOMER ADDRESS CONFIRMATION**

1	Name of the Company			
2	Registered office address			
3	Address for Invoicing			
	No of Employees			
	Type of Industry	Manufacture	Service	
	Product / Service Details			
	Certification Request	ISO9001:2015	ISO 14001:2015	ISO 18001:2007
	Legal Registration details			
	Name of Contact Persons			
	Mob:	Site:	Mail:	
	Certificate Expected within			

**This is to confirm that details provided are correct.**

**Official Seal and Signature**