

APEX ISO CERTIFICATION (PTY) LTD REQUEST FOR INFORMATION FORM

1. Applicant Information

Name of Requestor: _____

Company Name: _____

Position: _____

Email Address: _____

Phone Number: _____

Date of Request: _____

2. Information Requested

(Please select the relevant document by checking the box)

Type of Certification Document Required	
Electronic Copy of Certification Document	
Hard Copy of Certification Document (Requires MD Approval)	
Certification Status Confirmation	
Other (Please specify below):	

Reason for Request:

Certification Details

Certified Company Name: _____

Certificate Number (if available):

Certification Standard: _____

Date of Certification: _____

Additional Details:

3. Authorization and Acknowledgement

I confirm that the information provided in this form is accurate and that the requested certification documents will be used solely for legitimate business purposes. I acknowledge that Apex ISO Certification (Pty) Ltd reserves the right to verify the legitimacy of this request and may decline the request if deemed necessary.

Signature: _____

Date: _____

4. Office Use Only

Received By: _____

Date Received: _____

Approval Status:

Approved By:

Designation:

Date of Approval:

Signature:
