|  |
| --- |
| Name |
| Company Name |
| Address |
| Date |

|  |
| --- |
| Transportation and Logistics Department, Nippon Kaiji Kyokai |
| 4-7 Kion-ho, Chiyoda-ku, Tokyo 102-8567, Japan |

**Request for Quotation for**

**ISO 23412：2020 Indirect, temperature-controlled refrigerated delivery services Certification Audit**

We would like to request a quotation for certification audit of indirect refrigerated delivery services in accordance with the requirements of ISO 23412 below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Organization Name |  | | | |
| 2. | Address |  | | | |
| 3. | Scope of Certification/Business Activities |  | | | |
| 4. | Number of Sites included in the Scope of Certification Audit\* |  | | | |
| \*For details, please provide to the attachment. | | | | |
| 5. | Anticipated Time of Certification |  | | | |
| 6. | Contact | Department |  | | |
| Person in Charge |  | | |
| Position |  | | |
| Tel. |  | E-mail |  |
| 7. | Attached Data | Please attach any documents that you can provide, such as company profile, that provide an overview of your company's business activities. | | | |
| 8. | Miscellaneous |  | | | |

**Attachment**

Please fill in for all site’s information included in the scope of certification audit.

|  |  |  |  |
| --- | --- | --- | --- |
| All Site’s Information | | | |
| No. | Name of Site | Address | Scope of Certification/  Business Activities |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |