

# INFORMATION SECURITY MANAGEMENT SYSTEMS ISO 27001 CERTIFICATION QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE AND ATTACH ANY RELEVANT SUPPORTING INFORMATION DESCRIBING THE COMPANY'S INFORMATION SECURITY MANAGEMENT SYSTEM AND ACTIVITIES, e.g. COMPANY PUBLICITY MATERIAL. ON RECEIPT OF THE COMPLETED QUESTIONNAIRE AJA REGISTRARS WILL PREPARE AND SUBMIT FOR YOUR APPROVAL A PROPOSAL DETAILING AUDIT OR TRANSFER COSTS AND TIMESCALES.

COMPANY NAME				
COMPANY ADDRESSES TO BE CERTIFIED (ADD MORE LINES IF REQUIRED)	Head Office:			
	Address 2:			
	Address 3:			
	Address 4:			
	Address 5:			

MULTISITE APPLICANTS: DOES EACH SITE FOLLOW A COMMON SYSTEM	<input type="checkbox"/>	TOTAL NUMBER OF SITES TO BE REGISTERED AS A MULTISITE	<input type="text"/>
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CONTACT NAME		POSITION	
TELEPHONE		FAX	
E-MAIL		WEBSITE	
NAME OF CONSULTANT (IF USED)			
OTHER CERTIFICATIONS HELD			

TYPE OF APPLICATION (PLEASE SELECT FROM THE FOLLOWING OPTIONS)							
NEW	<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	TRANSFER	<input type="checkbox"/>	SCOPE EXTENSION	<input type="checkbox"/>

**IF YOU ARE TRANSFERRING FROM ANOTHER CERTIFICATION BODY, PLEASE PROVIDE A COPY OF YOUR CURRENT ACCREDITED REGISTRATION CERTIFICATE AND YOUR TWO PREVIOUS CERTIFICATION BODY REPORTS**

Have you received Training or other services from AJA in the preceding 2 year period- if YES please provide dates and detail of the service provided	<input type="text"/>
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EMPLOYEES	TOTAL NUMBER OF STAFF	INFORMATION SECURITY BASED AREAS	MANUFACTURE/ SERVICE ACTIVITIES	OFF SITE LOCATIONS	TOTAL STAFF AVAILABLE DURING THE AUDIT
FULL TIME					
PART TIME					
TEMPORARY					
SHIFT WORK (Y/N)		NUMBER OF SHIFTS		NUMBER OF PERSONNEL ON EACH SHIFT	

PLEASE DESCRIBE THE GENERAL SCOPE OF YOUR ISMS WHICH YOU INTENDED TO INCLUDE WITHIN THE SCOPE OF REGISTRATION, INCLUDING THE ISMS ELEMENTS. THE INFORMATION PROVIDED HERE WILL BE USED BY AJA REGISTRARS TO DEFINE YOUR COMPANY'S SCOPE OF REGISTRATION	
PLEASE PROVIDE A LIST OF ANY SHARED FACILITIES SUCH AS NETWORKS, TELEPHONE SYSTEMS, INCLUDING THOSE WITH PARENT ORGANISATIONS OR SUPPLIERS	
PLEASE LIST BELOW YOUR INFORMATION ASSETS, SOFTWARE ASSETS, PHYSICAL ASSETS AND SERVICES (PLEASE USE A SEPARATE SHEET IF NECESSARY). <b>INFORMATION ASSETS.</b> PLEASE PROVIDE DETAILS OF DATABASES, DATA FILES AND THE NATURE OF THE INFORMATION RELATED TO THE ISMS (E.G. STORAGE OF: <b>PERSONAL DETAILS</b> (SUCH A NAMES, ADDRESSES, TELEPHONE NUMBERS); <b>FINANCIAL DETAILS</b> ( SUCH AS CREDIT CARD DETAILS, CREDIT CHECK RESULTS, BANK ACCOUNT DETAILS); <b>INTELLECTUAL PROPERTY , OTHER</b> ) <b>SOFTWARE ASSETS.</b> (APPLICATION SOFTWARE, SYSTEM SOFTWARE, DEVELOPMENT TOOLS AND UTILITIES) <b>PHYSICAL ASSETS.</b> PLEASE PROVIDE A LIST OF THE NUMBER OF SERVERS, WORKSTATIONS, PC & LAPTOPS	
PLEASE LIST ANY DOCUMENTATION THAT FOR SECURITY REASONS CANNOT BE ACCESSED BY THE AUDITOR:	
PLEASE PROVIDE DETAILS OF ANY EXPOSED DATA CABLES THAT ARE ACCESSIBLE OUTSIDE THE SECURE PERIMETER OF YOUR PREMISES	
HOW MANY EXTERNAL USERS HAVE ACCESS TO YOUR INFORMATION (THIRD PARTIES, CLIENTS, PUBLIC ETC)?	DO YOU HOLD OR PROCESS ANY TOP SECRET/CLASSIFIED INFORMATION (Y/N)
PLEASE PROVIDE DETAILS OF ANY INDUSTRY-SPECIFIC REQUIREMENTS YOU ARE REQUIRED TO COMPLY WITH (e.g. APACS STANDARD 55)	

PLEASE INDICATE ANY FURTHER CERTIFICATIONS YOUR COMPANY MAY BE INTERESTED IN							
ISO 9001	ISO 14001	ISO 18001	ISO 13485	ISO 22000	BS 8555	OTHER	

SIGNED		DATE	
IN SIGNING, I HEREBY DECLARE THAT THE DETAILS SHOWN ABOVE ARE CORRECT AND COMPLETE TO THE BEST OF MY BELIEF			
POSITION HELD IN COMPANY			

**FOR A CERTIFICATION QUOTATION PLEASE RETURN THIS QUESTIONNAIRE TO YOUR LOCAL AJA REGISTRARS OFFICE**

**THE CERTIFICATION MANAGER  
AJA REGISTRARS LTD, UNIT 6, GORDANO COURT, GORDANO GATE BUSINESS PARK,  
SERBERT CLOSE, PORTISHEAD, BRISTOL, BS20 7FS. FAX: 01275 849198**