

| INGRAIN GLOBAL STANDARD PRIVATE LIMITED | Format No. | IGSPL-F-34 | |
|---|------------|------------|--|
| | Rev. No. | 01 | |
| Certificate Issue Checklist – Decision Making | Date | 01.02.2022 | |
| Sheet | | | |

| COMPANY NAME AND ADDRESS: | | | IAFCODE | | | | | |
|---|--|-----------------|--------------------------------|---|--|--|--|--|
| | | | STANDARD | | | | | |
| | | | CONTACT NAME | | | | | |
| | | | | | | | | |
| APPLICATI | APPLICATION QUESTIONNAIRE: | | | | | | | |
| | NT FOR SERVICES: | | | | | | | |
| | T REVIEW COMPLETED: | | | | | | | |
| | OF CERTIFICATE (IF yes) | | | | | | | |
| Provide de | etails: | | | | | | | |
| Are risk le | vels, correct? | | | | | | | |
| | AUDIT | REPORTS AND | CORRECTIVE ACTION PL | ANS | | | | |
| S.NO. | AUDIT REPORT | AUDIT DATE | REPORT RECEIVED AND CHECKED | CAR RECEIVED, CLOSED OUT AND CHECKED (if No)* | | | | |
| 1 | Stage 1 | | | | | | | |
| 2 | Stage 2 | | | | | | | |
| 3 | RE-ASSESSMENT | | | | | | | |
| NON-CON | FORMANCES* | | | | | | | |
| | e action to be reviewed | by auditor with | relevant | | | | | |
| | heme/standard experier | - | | | | | | |
| Signed by | Signed by auditor, client and expert where appropriate | | | | | | | |
| Close out | Close out method specified | | | | | | | |
| Corrective action received and verified as closed out | | | | | | | | |
| SCOPE OF | CERTIFICATION WITHIN | ACCREDITED SC | ·OPF· | | | | | |
| JCOPL OF | CERTIFICATION WITHIN | ACCREDITED 3C | .OI L. | | | | | |
| PAYMENT RECEIVED: | | | | | | | | |



IGSPL Client Register

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| Certificate De | etail | Status | |
|--|--------------------------------|-----------------------|--|
| GRANT OF CERTIFICATE CONFIF | RMED | | |
| CERTIFICATE NUMBER | | | |
| DATE OF INITIAL CERTIFICATION | N | | |
| DATE OF RE-CERTIFICATION | | | |
| DATE OF CERTIFICATE EXPIRY | | | |
| SURVEILLANCE AUDIT FREQUE | NCY | | |
| 1 st SURVEILLANCE AUDIT DUE C | ON | | |
| 2 nd SURVEILLANCE AUDIT DUE | ON | | |
| MODIFICATION IN CERTIFICATE | | | |
| Document Review by: | Certification Decision t by | taken Approved by: MD | |
| | Client Status on the | Register | |