Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Application Form- ISO 27001:2013 +ISO 27701:2019- ISMS and PIMS**

Dear organization's representative,

Please fill in this application form accurately and in detail and attach any relevant information regarding the organization's activities, such as: business registration certificate. It is very important to fill in information regarding organization's key processes and employees' numbers and roles as detailed in the questionnaire. Please note, the details we receive are the basis for an audit program and certification cycle pricing. Please return the filled in application form to [**roneticsfax@gmail.com**](mailto:roneticsfax@gmail.com). Please contact us in case of an inquiry at [**roneticsfax@gmail.com**](mailto:roneticsfax@gmail.com)or **call** us **: 972-4-6593955**

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| --- | --- | --- | --- | --- |
| **1.General details** | | | | |
| Company name | | |  | |
| Company registration number: | | |  | |
| Mail address: | | |  | |
| Location and address: | | | *Please also detail address for mail if different from operation site* | |
| Website: | | |  | |
| Contact details: | | | *Contact person name:*  *Phone:*  *E-mail:* | |
| Audit Language | | | *English/Hebrew/combination of both, other* | |
| CEO details | | | *Contact person name:*  *Phone:*  *E-mail:* | |
| Details of a person managing the Information Security | | | *Contact person name:*  *Phone:*  *E-mail:* | |
| Is the organization a subsidiary of another company: | | |  | |
| Are consultancy services used for the purpose of certification process? | | | *No Yes (please state the name and the contact details)* | |
| Is the organization certified for one of the international standard (such as ISO 27701) | | | *No Yes (to which standard? by which certification body? Please*  *attach copies of the certificate and audit reports for the*  *current certification cycle if the organization is certified*  *to ISO 27001)* | |
| Transferring from another Certification Body? | | | *No Yes (what is the reason for transferring?) \*Please attach a*  *copy of a valid certificate and the last audit report* | |
| How did you hear about us? | | |  | |
| **2.Scope related information** | | | | |
| Does the organization operate in shifts? | | | *No Yes (please describe)* | |
| Total number of employees | | |  | |
| Number of personnel managing the Information Security and IT | | |  | |
| Number of personnel performing design and development activities | | |  | |
| Number of personnel working remotely: sales, support and etc | | |  | |
| Number of personnel who have access and/or are exposed to PII and the departments they work in | | |  | |
| Please sate the requested scope of certification | | |  | |
| What is the role of the organization? | | | Processor/Controller/Both | |
| Description of main processes and products which involve PII, use PII | | |  | |
| Please provide detailed description of infrastructures (networks, servers, security devices and etc | | |  | |
| Please describe if there is any use of outsourcing, sub-contractors and the extent of activities performed by them. Please describe who of the subcontracted personnel has access and/or is exposed to PII | | |  | |
| Does the organization operate in more than one location? | | | *No Yes (please provide details in section 3)* | |
| Are there any applicable exclusions of requirements? | | | *No Yes(please specify)* | |
| Please allocate the degree of centralization of information security controls within the organization | | | ***High*** *-most of the ISMS controls are concentrated with few groups, such as IT, top management, HR, specific facilities*  ***Medium****- many of the ISMS controls are decentralized with various functions, head of departments and etc*  ***Low****- most of the ISMS controls are decentralized* | |
| Are any Information Security related legal/regulatory requirements applicable to your organization? Any applicable privacy legislation? | | | *No Yes(please specify)* | |
| **3.Multi site details- applicable for organization with more than one location** | | | | |
| Number | Location | Number of employees | | Processes/activities performed |
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| **4. Information related to the auditing activities** | | | | |
| Please specify if there is any documented information and/or facilities that cannot be made available for the review by the audit team, due to confidentiality/sensitivity of information | | |  | |
| Are the auditors required to maintain any safety measures during the audit? | | |  | |

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Organization representative's name Organization representative's signature Organization's stamp

**We appreciate your cooperation**

RONET Pre-Audit Administration Team