



FORM FOR THE PREPARATION OF THE CERTIFICATION PROPOSAL



MD 04/02-05

1. COMPANY DATA

| | | | |
|------------------------------------|--|-----------------|--|
| Business Name: | | | |
| Registered office address: | | | |
| CAP/City: | | Prov.: | |
| VAT Number: | | | |
| Contact person within the company: | | e-mail: | |
| Telephone: | | Certified Mail: | |
| Website: | | | |

2. CERTIFICATION INFORMATION

| | | | |
|--|---|--|--|
| Certification type: | Scegliere un elemento. | | |
| Reference standard: | <input type="checkbox"/> ISO 27001:2013 <input type="checkbox"/> ISO 27001:2022 | | |
| Activities subject to certification (wording to be reported on the certificate): | | | |
| Main processes of the organization relating to the scope of certification: | | | |
| Any activities outsourced (outsourcing): | | | |
| Any exclusions: | (e.g. some Annex A controls and reason) | | |

3. INFORMATION RELATING TO STAFF WORKING ON BEHALF OF THE ORGANIZATION

Indicate in the spaces below the number of personnel who work on behalf of the Organization for the activities that fall within the scope of the requested management system. Consider the total staff present on site + staff from any sites to be certified + any staff from external services/activities etc....

| | | | | |
|----------------------------|--|-------------------|----------------------|--|
| Total number of employees: | | Of which: | Number of employees: | External staff number: |
| Shift Staff Number: | | Number of shifts: | | Maximum number of personnel per shift: |



4. INFORMATION REGARDING PERMANENT SITES TO BE INCLUDED IN THE CERTIFICATION

Is the headquarters a site included in the certification? YES NO

Are there other permanent sites to include in the certification? YES NO

(If YES continue completing section 4)

Is there one single management system for all sites? YES NO

Is the required management review of the management system centralized? YES NO

Are all sites included in the certification included in the internal audit program? YES NO

Has a central function governing the management system been identified? YES NO

At which site or sites is the central function located?

In the following table indicate all the sites to be included in the certification (offices, factories, warehouses, etc.). Attach additional sheet if necessary. In the "Activities carried out/Processes" column, indicate, for each site, which activities are present and which of the management system processes are carried out (e.g. production, procurement, resource management etc....)

| | <i>Name and office address</i> | <i>Activities carried out/Processes</i> | <i>N° of Employees</i> | <i>Number of buildings</i> |
|---|--------------------------------|---|------------------------|----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Notes:

5. INFORMATION RELATED TO THE IT INFRASTRUCTURE

| | | |
|---|-----|---|
| How many internal servers does the company use? | N°: | Type (platforms and operating systems): |
| How many cloud servers does the company use? | N°: | Type (platforms and operating systems): |
| Number of company assets (PCs, laptops, etc.) | N°: | Type: |

5. INFORMATION RELATED TO THE IT INFRASTRUCTURE

| | | |
|---|---|---|
| Connection type used by the company: | <input type="checkbox"/> Generalized Internet Access <input type="checkbox"/> Distributed Electronic Mail <input type="checkbox"/> Remote connections | <input type="checkbox"/> Extranet networks <input type="checkbox"/> Local networks <input type="checkbox"/> File Transfer |
| Does the company develop software applications? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If YES, indicate the number of design, maintenance and development staff: ___ | | |
| Does the company use platforms dedicated to software development? <input type="checkbox"/> YES <input type="checkbox"/> NO | N°: | Type (platforms and operating systems): |
| If YES, indicate number and type | | |
| Does the company use encryption systems? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If YES, indicate for what purposes: ___ | | |
| What is the criticality level of the data processed? | <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high | |
| Is the data managed by the company on paper or electronically? | <input type="checkbox"/> paper % ___ <input type="checkbox"/> informatic % ___ | |

**6. INFORMATION RELATING TO TEMPORARY SITES and EXTERNAL ACTIVITIES
(ACTIVITIES CARRIED OUT OUTSIDE, ...)**

Indicate whether the organization operates externally and/or in temporary physical sites. YES NO

If there are temporary physical sites, provide the required information in the table below for each type of temporary site identified.

| | <i>Type of temporary sites/external activities</i> | <i>N° of Employees</i> | <i>Geographical location (e.g. countries and/or regions...)</i> |
|---|--|------------------------|---|
| 1 | | | |
| 2 | | | |



FORM FOR THE PREPARATION OF THE CERTIFICATION PROPOSAL



MD 04/02-05

7. OTHER INFORMATION

Does your Organization belong/is part of any Group, Holding, Corporation etc...? YES NO

If YES, specify the name of the Entity: __

If YES, specify whether some of the management system processes are managed by other companies in the group: __

Was a consultancy company used to prepare the management system documentation? YES NO

Name of any such company:

The name of the consultant and the consulting company allows Quinel to avoid possible conflicts of interest between the certification activity and the activity of related companies

How long has the company adopted and implemented the management system? Indicate ____

Does the organization implement other management systems? YES NO

If yes, what standards are involved?

Are Management Systems Integrated? YES NO PARTIALLY

Any management system certifications previously obtained YES NO

(If YES, attach copy of certificate)

Is the certificate valid? YES NO

Audit language: Italian English Spanish Other: __

8. ONLY FOR TRANSFER OF CERTIFICATE FROM ANOTHER CERTIFICATION BODY (ALWAYS ATTACH THE CERTIFICATE ISSUED BY THE PREVIOUS BODY):

Reason for transfer request:

Are there any non-conformities issued by the previous body, still open and for which the implementation of the corrective actions has not yet been verified? YES NO

If YES, indicate the type of non-compliance below: NC majors NC minors

Any legal proceedings in progress: YES NO

Next audit date and type Scegliere un elemento.:

Complaints have been received in the last year: YES NO

If YES, have they been adequately managed and have adequate corrective actions been implemented? YES NO





FORM FOR THE PREPARATION OF THE CERTIFICATION PROPOSAL



MD 04/02-05

PRIVACY POLICY STATEMENT

REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL OF 27 APRIL 2016

Pursuant to and for the purposes of article 13 of Regulation (EU) no. 2016/679 of the European Parliament and of the Council of 27 April 2016 relating to the protection of natural persons with regard to the processing of personal data, as well as the free movement of such data (General Data Protection Regulation, hereinafter also "Regulation" or "GDPR") and which repeals Directive 95/46/EC, we inform you that the personal data you voluntarily make available to Quinel Limited will be processed in compliance with current legislation on the protection of personal data and, in any case, of the principles of confidentiality which inspire the activity of Quinel Limited. If you wish to have further information on such data or request its modification or cancellation, you can request it by sending an email to the data controller at info@quinel.com.mt. However, we inform you that such data will be used exclusively for purposes related to the issuing of the offer and the certification of the system.

Date,

Signature

