

## ESG Rating Scheme for GIF Responsible Organization Claim Validation

### APPLICATION FORM

Please compile and return to ICMQ S.p.A. by email to [commerciale@icmq.org](mailto:commerciale@icmq.org)

In order to provide you with our proposal for GIF Recognition and with our offer, we need some information about your organization. Please complete the application form and return a soft copy. We will then submit a proposal. All information provided now and after will be treated with strict confidence. Your application does not commit you to use our services and no application fee will be charged.

1. Organization Profile					
1.1 Registered Organization					
Company Name			Legal status		
Year of foundation			Registration number		
Address					
Postal Code			City		
Country			WEB site		
1.2 Trade information					
Total turnover (€)		Export %		Domestic market %	
Industry			Sector		
Activities					
Product/Service group			Product/Service type		
Served market/s					
1.3 Key contact information					
Name					
Role					
Phone					
E-mail					



## 2. Management System Information

**2.1** Is the system for which you seek certification or assessment integrated with any other **certified management system**?

ISO 9001	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Social Cert	<input type="checkbox"/> No	<input type="checkbox"/> Yes
ISO 14001	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
ISO 45001	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other ....	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If Yes; please describe by which Certification Body

**2.2** Have you established and implemented a management system which takes into consideration social, environmental and safety aspects?

☐ No ☐ Yes

**2.3** Have you got a Materiality Matrix developed with the engagement of the relevant Stakeholder?

☐ No ☐ Yes

## 4. Unit/s to be assessed\*

**4.1** Unit address (where assessment will take place)

Address					
Zip Code		City			
Main Unit		N. of Building			

**4.2** Additional sites to be assessed under the same Unit (secondary premises) with their addresses:

Address		N. of Building	
Shifts	Number of employees and workers		Total

\*Add boxes if more than one unit is to be assessed

## 5. Business Information

**5.1 Business model**

Please attach additional pages or an organizational chart where necessary.

For multi-sites, please identify specific site activities

**5.2** List of products and/or services provided by the Unit:

**5.3** Main functions within the Unit (e.g. design, production, management, sales)

E.g.: Management, Finance; Controlling, IT; Human resources, HS; Production, Assembly and Testing; Quality; Logistic; Maintenance Services; Engineering Services; Other

**5.4** Does the Unit conduct, or is responsible for the design of services/products supplied to the customer?

☐ No



☐ Yes If Yes, please specify the complexity and responsibility involved:

**5.5 What is the exposure to risks of adverse impacts related to your business and processes?**

Aspect	Very Low	Low	Medium	High	Very high
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>