

ISMS - ISO 27001 CERTIFICATION QUESTIONNAIRE



PLEASE COMPLETE THIS QUESTIONNAIRE AND ATTACH ANY RELEVANT SUPPORTING INFORMATION DESCRIBING THE COMPANY'S QMS AND ACTIVITIES, (e.g. COMPANY PUBLICITY MATERIAL). ON RECEIPT OF THE COMPLETED QUESTIONNAIRE A CUBE TIC LIMITED WILL PREPARE AND SUBMIT FOR YOUR APPROVAL A PROPOSAL DETAILING AUDIT OR TRANSFER COSTS AND TIMESCALES.

HOW DID YOU LEARN OF A CUBE TIC'S?

REFERRAL FROM CONSULTANTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A CUBE TIC LIMITED WEB SITE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DIRECT CONTACT FROM A CUBE TIC LIMITED PERSONNEL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADVERTISING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ACCREDITATION BODY WEB SITE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PART 1 - TYPE OF APPLICATION

NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	TRANSFER <input type="checkbox"/> (*)	SCOPE EXTENSION <input type="checkbox"/>	SITE EXTENSION <input type="checkbox"/>
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(*) If you are wishing to transfer your certification from another certification body, please provide a copy of your current Accredited Registration Certificate and *previous reports of the current 3-year certification cycle*
 Please note: Certificate transfers can only be performed if your current registration is with an Accredited Certification Body who is a signatory to the IAF MLA (for example UKAS), if you are not sure if your Certification Body is Accredited in this way details can be found at https://www.iaf.nu//articles/IAF_MEMBERS_SIGNATORIES/4

REASON FOR TRANSFERRING	
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INFORMATION PROVIDED

CERTIFICATION CERTIFICATE YES <input type="checkbox"/> NO <input type="checkbox"/>	MOST RECENT AUDIT REPORT YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS REPORT(S)
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PART 2 - COMPANY DETAILS

LEGALLY REGISTERED COMPANY NAME	
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ADDRESS OF HEAD OFFICE	
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DO YOU OPERATE FROM OTHER SITES	Yes	No	PLEASE PROVIDE DETAILS OF ADDITIONAL SITES AND ACTIVITIES IN ANNEX A BELOW
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PLEASE DESCRIBE THE GENERAL SCOPE OF YOUR BUSINESS ACTIVITY WHICH YOU INTEND TO INCLUDE WITHIN THE SCOPE OF REGISTRATION:
 E.G. PROVISION OF IT CONSULTANCY SUPPORT SERVICES INCLUDING PROJECT MANAGEMENT AND ON-GOING TECHNICAL SUPPORT

SCOPE OF THE ISMS – DESCRIBE THE AREAS, BOUNDARIES AND FUNCTIONS ASSOCIATED WITH THE INFORMATION SECURITY MANAGEMENT SYSTEM

Where no activity of your organization within the scope of the certification is undertaken at a defined physical location at all under your control, the Scope of Registration on the certificate shall include a note that all activities of the organization are conducted remotely. Please identify any outsourced activities included in the Scope below

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EMPLOYEES DOING WORK UNDER THE ORGANISATION'S CONTROL		Total Number of staff in information security control-based areas (those staff ultimately responsible for ensuring the integrity, confidentiality and availability of information)			Total number of employees involved with the Scope of the ISMS (Total of 2-4)	
		Head Office 2	Other sites 3	Remote off-site (Installers etc.) 4		
FULL-TIME						
PART-TIME						
TEMPORARY						
Identify the primary functions/activities associated with the requested Scope of Certification.						
E.G. Management and administration					Number of employees engaged in these activities	What is the percentage of total number of staff performing these tasks?
E.G. ISMS Management					20	10%
E.G. Website design					4	0%
E.G. Executive management					60	50%
					12	0%

SHIFT WORK Y/N		NUMBER OF SHIFTS		NUMBER OF PERSONNEL ON EACH SHIFT	
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Access to organisational records - If any ISMS records will not be available to audit because it contains confidential or sensitive information, please provide generic details. Where it is determined that sensitive information cannot be made available during the audit, A CUBE TIC will review its ability to conduct the Certification Process based on the Scope of Certification applied for.

PART 3 – BUSINESS DETAILS

PLEASE PROVIDE DETAILS OF YOUR COMPANY PRODUCTS, PROCESSES, AND ACTIVITIES THAT IS WITHIN THE SCOPE OF ISMS

IDENTIFY THE BUSINESS SECTOR OF YOUR ORGANIZATION (E.G. IT, TELECOMMUNICATIONS, BANKING, LEGAL, PUBLISHING, ETC)	
DESCRIBE THE COMPANY PROCESSES AND ACTIVITIES (E.G. PROJECT MANAGEMENT, DESIGN, PROGRAMMING, TESTING, TRAINING, DATA MIGRATION, NETWORKING, DATA CENTRE OPERATIONS, CO-LOCATION, ETC)	
IDENTIFY THE LEGAL AND REGULATORY REQUIREMENTS APPLICABLE TO YOUR PRODUCTS, SERVICES, AND BUSINESS ACTIVITIES	
DETERMINE THE LEVEL OF YOUR ISMS IMPLEMENTATION (E.G. NEW IMPLEMENTATION, COMPLETED ONE CYCLE OF IMPLEMENTATION INCLUDING IA AND MR, COMPLETED MORE THAN ONCE CYCLE OF IMPLEMENTATION, ALREADY CERTIFIED)	
HOW LONG HAS THE ISMS BEEN ACTIVE?	

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PART 4 - INFORMATION ASSETS DETAILS

DESCRIBE THE TYPE OF INFORMATION STORED, PROCESSED OR ACCESSIBLE TO THE ORGANISATION (PERSONAL HR, PERSONNEL FINANCIAL DETAILS, CUSTOMER FINANCIAL DETAILS, MEDICAL RECORDS ETC.)		
HOW MANY BUSINESS PROCESSES DO YOU OPERATE?		<i>BRIEFLY DESCRIBE THESE</i>
NUMBER OF SERVERS?		<i>BRIEFLY DESCRIBE THESE</i>
NUMBER OF LAPTOPS		
NUMBER OF WORKSTATION DESKTOPS?		
NUMBER OF SEGREGATED NETWORKS?		<i>BRIEFLY DESCRIBE THESE</i>
HOW MANY PROCESSES ARE OUTSOURCED?		<i>BRIEFLY DESCRIBE THESE</i>
DO YOU DEVELOP SOFTWARE Y/N?		<i>TYPE OF APPLICATIONS (WEB, GAMES, DATABASE ETC)</i>
DO YOU DEVELOP INFORMATION SYSTEMS Y/N?		<i>DESCRIBE THE TYPE OF PLATFORMS DEVELOPED</i>
DO YOU HAVE A DISASTER RECOVERY SITE(S)?		<i>BRIEFLY DESCRIBE CURRENT ARRANGEMENTS</i>
HAS THERE BEEN ANY SIGNIFICANT CHANGES TO YOUR ORGANISATION SINCE THE LAST AUDIT?		<i>PROVIDE BRIEF DETAILS</i>

PART 5- MANAGEMENT SYSTEM DETAILS

PROVIDE AN ESTIMATE OF THE DATE WHEN YOU THINK YOU MIGHT BE READY FOR A STAGE 1 AUDIT	
WHAT DATE ARE YOU EXPECTING THE CERTIFICATION PROCESS TO COMPLETE?	
HAS ANY DIVISION OF A CUBE TIC PROVIDED YOU WITH TRAINING, IF THEY HAVE, PLEASE PROVIDE DETAILS OF THE COURSES DELIVERED?	
DO YOU CONSIDER THAT YOUR DOCUMENTED MANAGEMENT SYSTEM AND BEEN IMPLEMENTED AND MEETS THE RELEVANT CLAUSES OF ISO 27001:2022?	
PLEASE INDICATE WHICH ANNEX A CONTROLS ARE NOT APPLICABLE TO YOUR OPERATIONS.	

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WAS THE MANAGEMENT SYSTEM DEVELOPED/UPDATED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? *If yes, please provide the Consultant Company name and the Consultant name*

ARE INTERNAL AUDITS PERFORMED BY EXTERNAL PERSONNEL? *if yes, please provide the name*

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PLEASE NOTE THAT IT IS POSSIBLE THAT THE EXTERNAL PROFESSIONAL/CONSULTANT YOU NOMINATE, MAY HAVE A BUSINESS RELATIONSHIP WITH OUR ORGANISATION (EVEN A REMUNERATED ONE). SUCH A RELATIONSHIP DOES NOT PUT YOUR COMPANY IN AN ADVANTAGEOUS POSITION AND WILL NOT AFFECT THE CERTIFICATION PROCESS.

ARE YOU CERTIFIED BY AN ACCREDITED CERTIFICATION BODY FOR ANY OF THE FOLLOWING INTERNATIONAL STANDARDS?

ISO 9001		ISO 14001		ISO 45001		ISO 13485		ISO 22000		OTHER	
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ARE THESE ACCREDITED CERTIFICATIONS Y/N YES NO

PLEASE INDICATE ANY FURTHER CERTIFICATIONS YOUR COMPANY MAY BE INTERESTED IN

ISO 9001		ISO 14001		ISO 45001		ISO 13485		ISO 22000		OTHER	
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PART 6 - CONTACT DETAILS

CONTACT NAME		POSITION	
TELEPHONE NO		MOBILE NO	
EMAIL ADDRESS		WEBSITE	
SIGNED		DATE	POSITION

IN SIGNING, I HEREBY DECLARE THAT THE DETAILS SHOWN ABOVE ARE CORRECT AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

PRIVACY

BY SIGNING THIS FORM, YOU DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE. YOU ALSO DECLARE THAT YOU HAVE READ THE A CUBE TIC LTD INFORMATION NOTICE PUBLISHED ON THE COMPANY'S WEBSITE, THAT YOU HAVE READ THE INFORMATION CONTAINED THEREIN AND THAT YOU GIVE YOUR FREE AND INFORMED CONSENT TO THE FOLLOWING TYPES OF PROCESSING:

- A. PROCESSING OF PERSONAL DATA FOR MARKETING, DIRECT SALES AND MARKET RESEARCH PURPOSES
 I CONSENT I REFUSE CONSENT
- B. COMMUNICATION OF PERSONAL DATA TO OTHER COMPANIES IN THE A CUBE TIC LTD GROUP
 I GIVE CONSENT I REFUSE CONSENT

We inform you that, as a data subject, you have the right to withdraw your consent for one or more processing purposes at any time. This revocation, however, in no way affects the lawfulness of the processing carried out by us on the basis of the consent you have previously granted us.

**PLEASE RETURN COMPLETED QUESTIONNAIRE TO A CUBE TIC Limited
OR TO YOUR LOCAL A CUBE TIC LIMITED's OFFICE**

A CUBE TIC LIMITED: Unit 5, Middle Bridge Business Park, Bristol Road, Portishead, BS 20 6PN, UK
Tel: +44 - 01275 397423; E-mail: K.Bashar@acubetic.com

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ANNEX A – MULTISITE DETAILS					
Provide details of all the company facilities to be included on your certificate:					
No	Address	Scope of work if different from the Scope of Certification	No of Employees	Shifts Y/N	Number of Shifts
1					
2					
3					
4					
5					
6					
7					
8					
9					
...	If more than 9, please add additional columns				
What is the average number of employees on each shift		Do they have access to information related to the scope of the ISMS Y/N?			
<p>Site sampling</p> <p>If an organisation has multiple sites, which provide similar products or services and a standardise management system is in place, accreditation requirements allow a site sampling plan to be developed and operated for each audit cycle. Whilst the declared head office must be visited on every audit it is possible to only visit the other sites by sampling/rotation thus minimizing the number of sites to be audited on each visit. To enable A CUBE TIC to ensure that the time required to audit each site is kept to a minimum, you are required to complete Annex B – Site Criticality Matrix to allow A CUBE TIC to determine the criticality of the controls defined in your SOA at each location.</p> <p>A client may of course also opt for 100% audit coverage of all sites in every visit at their own choice. Please indicate your wishes below:</p>					
Do you wish all sites to be covered at every visit Y/N?		Would you prefer site sampling to be applied to the certification cycle Y/N?			
Is the management system in operation at all site Y/N?		Do you operate at customer sites Y/N (provide details below)			
Details of work performed at customer and other sites					

ANNEX B – SITE CRITICALITY MATRIX

ANNEX A INFORMATION SECURITY CONTROLS				
Site	5 Organisational controls	6 People controls	7 Physical controls	8 Technological controls
1				
2				
3				
4				
5				
6				
7				
8				
9				

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10				
11				
12				
13				
14				

1 = Policy defined, and primary control exercised

2 = Some local control such as the maintenance of a local server and back-ups

3 = Group policy applies, no local controls other than basic physical security control and adherence to company policies and procedures.

Verification of Details	
To be completed by A CUBE TIC Stage 1/Re-Audit Auditor only:	
I confirm that the information provided in the above questionnaire has been verified. Where further information is available this has been recorded in the stage 1 report/re-assessment. Please provide detail below of any aspects of the company and it's operations that are significantly different than described above.	Name:
	Date:
Do these differences affect the integrity of the Audit Process in terms of Audit Time, Auditor Competency or A CUBE TIC's ability to offer Accredited Certification	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, can accredited certification be granted If No, the client must be advised of this and their right to appeal any decision made in this respect.	YES <input type="checkbox"/> NO <input type="checkbox"/>