



Certification Request

MoReq2

Version control

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author(s):

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checked: Michael Lentz
approved: Michael Sill

version **1.0**

per fax: +49 9131 - 75 18 50

1.) What are your contact details?

Company:			
First Name:		Last Name:	
Job Title:			
Department:			
Functional Area:			
Address:			
Postal code/City:		Country:	
Phone:		Fax:	
E-mail:			
Website:	http://www.		

2.) Which product would you like to have certified?

Main product:		Version
Additional product(s):		

3.) Which optional MoReq2 modules would you like to have certified, in addition to the core modules?
 (put a cross where appropriate)

<input type="checkbox"/>	We are not completely sure exactly which options we should select. Please send us a proposal for a consultation meeting to discuss this matter.
<input type="checkbox"/>	10.1 Management of Physical (Non-electronic) Files and Records
<input type="checkbox"/>	10.2 Disposition of Physical Records
<input type="checkbox"/>	10.3 Document Management and Collaborative Working
<input type="checkbox"/>	10.4 Workflow
<input type="checkbox"/>	10.5 Casework
<input type="checkbox"/>	10.6 Integration with Content Management Systems
<input type="checkbox"/>	10.7 Electronic Signature
<input type="checkbox"/>	10.8 Encryption
*	10.9 <i>Digital Rights Management</i>
<input type="checkbox"/>	10.10 Distributed Systems
<input type="checkbox"/>	10.11 Offline and Remote Working
<input type="checkbox"/>	10.12 Fax Integration
<input type="checkbox"/>	10.13 Security Categories

* Please notice: Module 10.9 Digital Rights Management cannot be certified.

4.) By which date would you like to have the certification completed?

- Immediately
- Certification has to be completed by : Year: _____ Month: _____
- No definite timeframe has yet been fixed for the certification
- To start off with, I only require information material.
We haven't decided yet if we would like the certification to be carried out.

5.) At which location should the certification be carried out?

<input type="checkbox"/>	At the location of the MoReq2 Test Centre	imbus AG:	imbus AG Kleinseebacher Strasse 9 D-91096 Möhrendorf Germany
<input type="checkbox"/>	At our location	Location:	
		Country:	

6.) Who is the project manager / Who will be the project manager?

<input type="checkbox"/>	The project manager is the person named above in point 1		
Company:			
First Name:		Last Name:	
Job Title:			
Department			
Functional Area:			
Address:			
Postal code/City:		Country:	
Phone:		Fax:	
E-mail:			

7.) Who will be the recipient of the quotation?

<input type="checkbox"/>	The recipient of the quotation is the person named above in point 1		
Company:			
First Name:		Last Name:	
Job Title:			
Department:			
Functional Area:			
Address:			
Postal code/City:		Country:	
Phone:		Fax:	
E-mail:			

8.) Is there a billing address that is different from the address provided for the quotation?

<input type="checkbox"/>	The recipient of the bill is the person named above in point 7		
Company:			
First Name:		Last Name:	
Job Title:			
Functional Area:			
Department:			
Address:			
Postal code/City:		Country:	
Phone:		Fax:	
E-mail:			

Date

Signature *

Company stamp

*The signing of this request form will in no way lead to any kind of binding relationship or agreement between the signatory and the MoReq2 Test Center. The information provided will be used exclusively for the purpose of drawing up an appropriate quotation based on qualified opinion for the certification of the designated software product in accordance with MoReq2. In addition, all information provided is subject to the stipulations of the governing data protection laws, and the MoReq2 Test Center will treat all such information as confidential.