**Request for a TISAX Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organizational Data | | | | | | |
| Name of the organization: | | | | Corporate structure: | | |
| Affiliated company of group: | | | | NACE: | | |
| Business activities: | | | | TISAX Scope ID: | | |
| Number of employees (total, incl. freelancer): | | | | | | |
| Headquarters: | | | | | | |
| ZIP: | City: | | Address: | | Homepage: | |
| TISAX Label for the entire company  ODER  TISAX Label limited to following organizational unit(s): | | | | | | |
| **Please check the required TISAX Assessment Level:** | | | | | | |
| Assessment Level 1 (AL1) | | Self Assessment | | | | mandatory |
| Assessment Level 2 (AL2) | | Information Security - High Protection Level  Data Protection – Standard personal data | | | | on-site  remote |
| Assessment Level 3 (AL3) | | Information Security:  High Protection Level  Very High Protection Level  Data Protection:  Standard personal data  Special categories of personal data  Handling of Prototypes:  Components and parts  Test Vehicle | | | | |
| Note: AL3 need to be executed on-site. | | | | |
| Already certified acc. to:  ISO 27001  ISO 9001  IATF 16949  others:  valid until: | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact (e.g. General Manager, Certification, Purchase, responsible person for TISAX, CISO) | | | | |
| Name: | | Position: | Phone: | |
| E-Mail: | |
| Name: | | Position: | Phone: | |
| E-Mail: | |
| Name: | | Position: | Phone: | |
| E-Mail: | |
| Central office in scope | | | | |
| ZIP: | City: | Address: | | No. employees: |
| Production site:   Yes  No |
| Further RSFs or sites in scope (RSF = Remote Support Function) | | | | |
| Tätigkeiten am **RSF/Site 1**: | | | | |
| ZIP: | City: | Address: | | No. employees: |
| Production site:   Yes  No |
| Tätigkeiten am **RSF/Site 2**: | | | | |
| ZIP: | City: | Address: | | No. employees: |
| Production site:   Yes  No |
| Tätigkeiten am **RSF/Site 3**: | | | | |
| ZIP: | City: | Address: | | No. employees: |
| Production site:   Yes  No |
| Tätigkeiten am **RSF/Site 4**: | | | | |
| ZIP: | City: | Address: | | No. employees: |
| Production site:   Yes  No |
| Further sites in scope can also be attached as an appendix. | | | | |

|  |
| --- |
| Assessment |
| Optional: TISAX Review prior to assessment:  JA  Nein  in second year after assessment:  JA  Nein  in third year after assessment:  JA  Nein |
| Language of documents:  German  English  Italian  Others: |
| Assessment language:  German  English  Italian  Others: |
| Preferred assessor: |
| CIS will assign an appropriate team of assessors for you. If you specify a preferred assessor, CIS will try to take your desire into consideration. |

|  |
| --- |
| **Data related to information security for IT&OT Systems**  If exact numbers are not available or can only be obtained with considerable effort, please give good estimates for the defined scope. |

|  |  |
| --- | --- |
| Total number of staff members in scope of the assessment (employees, freelancer, etc.): |  |
| Total number of sites in scope: |  |
| Total number of ICT workstations: |  |
| Total number of servers (virtual plus physical): |  |
| Total number of systems administrators: |  |
| Total number of SW developer in scope: |  |
| Total number of teleworking sites/remote access: |  |
| Total number of security zones with limited access: |  |
| Total number of external IT suppliers/service providers: (software, hardware, cloud services, data center) |  |
| Total number of business critical applications: |  |
| Maximum Tolerable Period of Disruption (MTPD): |  |
| Business critical data/information: | few  some  many |
| Data encryption implemented: | yes  no |
| e-Commerce | yes  no |
| e-Cash: | yes  no |

|  |
| --- |
| Are any processes outsourced that may have impacts on the organization?  yes  no If YES, which ones?: |

|  |  |  |
| --- | --- | --- |
| Where/Are you supported/advised by a consultant when establishing your management system? | | yes  no |
| Name of the consulting company: |  | |
| Name of the consultant: |  | |

|  |  |
| --- | --- |
| Phone number to receive a password by SMS, in case of secure/encrypted transfer of documents such as audit report: |  |

**Additional documents that will be part of the contract if an order is placed:**

* CIS Certification Procedure acc. to document dxxxe ([Download](https://www.cis-cert.com/Media/490856a6-ee37-422f-bff2-0e5e02dd34f0/AT/allg._PDF/d011_e_CIS_Zertifizierungsverfahren.pdf))
* General Terms and Conditions, document d007e ([Download](https://www.cis-cert.com/wp-content/uploads/d007e-terms-and-conditions-sc.pdf))

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City, date |  | Authorized signature |

|  |  |  |
| --- | --- | --- |
| **Please complete and sign the form and send it to CIS:** |  | **CIS** -Certification & Information Security Services Sp. z o.o. |
| © CIS 02.06.2022: Nachdruck und Vervielfältigung, auch auszugsweise, nur mit schriftlicher Genehmigung der CIS. |  | **Siedziba w Polsce**  43-190 Mikołów, Żwirki i Wigury 14  Tel.: +48 32 216 26 40 Fax: +48 32 216 26 40 [office.pl@cis-cert.com](mailto:office.pl@cis-cert.com) [www.cis-cert.com](http://www.cis-cert.com).pl |