VISTA-Certification Body-Controlled Form

Application for ISMS Certification

ISO/IEC 27001:2022

DOCUMENT CONTROL

DOCUMENT NUMBER	VI/ISMS/FF/01	**ISSUE / REVISION**	1.0 / 1.0
DOCUMENT OWNER	Management Representative	**ISSUE DATE**	26 August 2026
PREPARED BY	VISTA InfoSec (CB)	**REVIEWED BY**	Management Representative
APPROVED BY	Chief Executive Officer	**NEXT REVIEW**	Twelve months from issue

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ISMS Certification-Application	
Client / Organization name: [If the client is different from the organization to be certified, please provide full details]	
Organization address	
Contact person:	
Contact Mobile / Telephone Number:	
E-Mail ID:	
Alternate E-Mail ID	
Organization's website address, if any	
Description of business activities of the organization [Or specific reference to the relevant attached documentation]	
Description of organizational structure of the business & the number of manpower (incl. contractual staff) under the scope of certification. [Or specific reference to the relevant attached documentation]	
Number of Shifts of Operation with timings	
Description of **Legal/regulatory/contractual requirements + information assets & IT infrastructure + sensitive information + third-party agreements + SoA controls, business and IT complexity.** [Or specific reference to the relevant attached documentation]	
Description of the scope of the ISMS in terms of included business activities, locations, assets and technology [Or specific reference to the relevant attached documentation]	
Details about the Outsourced processes, if any	

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Any consultancy services undertaken for ISO/IEC 27001 implementation, If, so, By Whom		
Service required [Tick as appropriate]	ISO/IEC 27001:2022 – Certification	□
Preference concerning Evaluation of Documentation [Tick as appropriate]	Documentation enclosed (see below) Evaluation at organization's premises	□ □
Proposed Scope of Certification including controls excluded from Annex A of ISO/IEC 27001:2022 if any		

Details of Locations proposed to be covered under the scope of ISMS certification including main location

Location/Site	No of Shifts and Timings	Manpower under the scope of ISMS	IT Infrastructure Complexity & Information Sensitivity	Activities/ services be carried out at location

Attach separate sheets as required

Note: Please provide details of information assets and IT infrastructure (servers, network devices, e user devices, cloud services), applicable legal/regulatory/contractual requireme sensitive/confidential information processed, locations/personnel (incl. Work from Home), outsour processes/third parties, SoA controls.

Have you completed at-least one Management Review and One internal audit prior to making this application?	**Yes/No** **Details:**

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Do you have any ISMS information (such as ISMS records or information about design and effectiveness of controls) that cannot be made available for review by the audit team because of any confidential or sensitive information (if yes please provide details below)	**Yes/No**

Attachments*:

1. Copy of certification agreement 2. Complaint and appeal process
3. Information on Certification process 4. Any normative requirement for certification as applicable

*These documents can also be downloaded from our website- https://www.vistainfosec.com.

For Evaluation of Documentation please enclose following:

- ISMS policy and Information Security Objectives,
- Description of the organizational scope of the ISMS including assignments of responsibilities for information security.
- Description of the infrastructural scope of the ISMS,
- Information Security Risk Assessment report identifying the threats, vulnerabilities and impacts on the organization and determining the degree of risk,
- Information Security Risk Treatment Plan
- Statement of Applicability defining the selected controls, the control objectives and the reasons for their selection as well as the recording of exclusion of any controls listed and the reasons for their exclusion in Annex A of the standard ISO/IEC 27001:2022,
- ISMS procedures and instructions.
- ISMS Records required by the standard.

In case the Evaluation of Documentation should take place at the premises of the organization, the same set of documentation as listed above should be available there.

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DECLARATION

We agree to,

- Abide by the requirements of the Certification Body.
- Pay all applicable charges as prescribed by Certification Body.
- Inform certification body of any change(s) in the top management and product/ process/services and abide by the decision of the Certification Body thereof.
- Undertake that, should any information furnished by us is found to be incorrect, the application may be rejected forthwith.
- Undertake to cease with immediate effect, use of certificate & logo in the event of termination/reduction/withdrawal/cancellation of certification/registration and return the certificate and all related documents to the Certification Body.
- Sign the Certification Agreement and abide by all the conditions stated therein

Enclosures:

Details of Payment:	Receipt/UTR No:
	Date
	Amount Rs.
Signature	
Name	
Designation	
Date:	

Please provide any other information you have about your organization to help us give you quotation. For example: brochures, your Web address... etc. Thank you for completing t application. We look forward to a successful partnership.

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