**Please record the below requested information**

1. **Detailed CAB Valid Client File Information**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Discipline** | | | | | | **IAF Code / Technical Sector/**  **Cluster/**  **Category** | **Name of CAB Client** | **Name of CAB Auditors** | **expiry date of certificate** | **Initial date of certificate** | **Location** |
| **QMS** | **EMS** | ***OHSMS*** | ***FSMS*** | ***EnMS*** | **WQMs** |
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1. **No. of Certified Clients per Discipline**

|  |  |  |  |  |  |
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| ***QMS*** | ***EMS*** | ***OHSMS*** | ***FSMS*** | ***EnMS*** | ***WQMS*** |
|  |  |  |  |  |  |
| ***Sample Number (√N/3)*** | | | | | |
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1. **Detailed CAB Client File Information for witness (Please record the below requested information Based on NACI-F176 )**

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| **Discipline** | | | | | | **IAF Code or Technical Sector/Cluster/Category** | **Name and Unique Identifier of CAB Client File** | **Name of CAB Auditors** | **location of Witness Company under CAB Audit** | **Estimated time for witness** |
| **QMS** | **EMS** | ***OHSMS*** | ***FSMS*** | ***EnMS*** | **WQMs** |
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