

APPLICATION FOR CERTIFICATION

Name of the Organization:

Scope of Work / Scope of Certification:

Subject
Application for Certification

Contact person:

Telephone Number:

Registered Office Address:

Branches Locations:

Telephone Number:

e-mail:

Fax:

Website:

Consultant (if any):

Standard for which Certification is requested:

- | | | |
|--------------------------------------|------------------------------------|--|
| ISO 9001 <input type="checkbox"/> | GMP <input type="checkbox"/> | Halal <input type="checkbox"/> |
| ISO 22000 <input type="checkbox"/> | ISO 13485 <input type="checkbox"/> | CE <input type="checkbox"/> |
| HACCP <input type="checkbox"/> | ISO 29990 <input type="checkbox"/> | Other <input type="checkbox"/> , please mention: |
| ISO 14001 <input type="checkbox"/> | ISO 27001 <input type="checkbox"/> | |
| OHSAS 18001 <input type="checkbox"/> | ISO 50001 <input type="checkbox"/> | |

Number of Personnel:

Working Hours / Shifts:

Employees per shift:

Language of Communication /

Documentation:

Is there an Operating License? Yes No

Law / Regulation related to the product/ provided service:

Is part or all of a process outsourced? Yes No

If Yes, which processes and to which subcontractors (name and activity of subcontractor):

Is the implemented Management System already certified? Yes No

If Yes, according to which Standards:

Starting Date of Management System Compliance:

Desired date of audit:

Date

Company Stamp - Signature