

APPLICATION FORM				Date: _/_/___	
Organization					
Head Office					
Production/Service Address					
Phone		Tax Office			
Fax		Reg. No.			
E-mail		Web Address			
Chief Operating Officer		Management Representative			
Total Number Of Employees		Number Of Shifts		Number Of Sites	

Operation Site/ Subsidiary / Construction Site		
Site Address	Number Of Employees	Number Of Shifts

The Scope of The Management System Requested to be Certificated- Please State complete range of activities of the applicant(not applicable in product certification)

Product/productst(not applicable inmanagement system certification)

Requested Certification									
<input type="checkbox"/>	ISO 9001	<input type="checkbox"/>	ISO 22000	<input type="checkbox"/>	RoHS	<input type="checkbox"/>	SA 8000	<input type="checkbox"/>	EUREPGAP
<input type="checkbox"/>	ISO 14001	<input type="checkbox"/>	ISO 27001	<input type="checkbox"/>	GMP	<input type="checkbox"/>	BSCI	<input type="checkbox"/>	GLOBALGAP
<input type="checkbox"/>	ISO 13485	<input type="checkbox"/>	OHSAS 18001	<input type="checkbox"/>	FDA	<input type="checkbox"/>	C-TPAT	<input type="checkbox"/>	KOSHER
<input type="checkbox"/>	ISO 16949	<input type="checkbox"/>	HACCP	<input type="checkbox"/>	CE MARKING	<input type="checkbox"/>	FACTORY COMPLIANCE	<input type="checkbox"/>	WHO GMP

Major processes in the company	
Any out sourced processes? If So, please indicate the same and the extent of outsourcing in percentage.	
Are there any applicable statutory and regulatory requirements, if so, details please	
Any product / service specific Statutory and regulatory requirements If so, please indicate the same	
Is the organization responsible for product / service design? If not, the basis of product manufacturing / service delivery may please be indicated.	
How many locations are to be included in the certification?	