



APPLICATION FOR CERTIFICATION

Name of the Organization:

Scope of Work/ Scope of Certification:

Contact person:

Telephone Number:

Fax:

e-mail:

VAT Number:

Tax Office:

Website:

Registered Office Address:

Branches Locations:

Consultant (if any):

Standard for which Certification is requested:

- | | | |
|---|---|---|
| ISO 9001 <input type="checkbox"/> | GDP (MD 1348/04) <input type="checkbox"/> | ISO 13485 <input type="checkbox"/> |
| ISO 22000 <input type="checkbox"/> | ISO 37001 <input type="checkbox"/> | ISO 45001 ⁽²⁾ <input type="checkbox"/> |
| HACCP <input type="checkbox"/> | ISO 29993 <input type="checkbox"/> | Halal <input type="checkbox"/> |
| ISO 14001 ⁽¹⁾ <input type="checkbox"/> | ISO 27001 <input type="checkbox"/> | Other
please mention |
| OHSAS 18001 ⁽²⁾ <input type="checkbox"/> | ISO 50001 <input type="checkbox"/> | |

⁽¹⁾Please also fill in Annex B.

⁽²⁾Please also fill in Annex A.

Total Number of Personnel:

Employees per shift :

Shifts :

Number of Seasonal Employees:

Language of Communication/
Documentation :

Detailed Description of Employees Allocation

Management/ System Management:

Secretariat / Customer Service:

Design/ Research and Development:

Production/ Service Implementation:

Sales/ Drivers/ "Off line" Employees:

Other activities:

Number of HACCP studies:

only for food safety management systems

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?:

Certificate Expiry Date:

Starting Date of Management System Compliance:

Desired date of audit:

Date:

Stamp & Signature of customer: