

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

MANAGEMENT SYSTEM

Please indicate which of the below management system standards you are seeking certification for:

ISO 9001:2015	ISO 39001:2012
ISO 14001:2015	SANS 1393:2013
ISO 45001:2018	SANS 10406:2014
SANS 1734:2016	

COMPANY DETAILS

Registered Name of Company:	
Name under which business operates (trade name):	
VAT Number:	
Company Registration Number	
Physical Address:	Postal Address:
Code:	Code:
Contact Name:	Telephone Number:
Contact's Position:	Fax Number:
Email:	Cell Number:
CEO/Managing Director:	Telephone Number:
Website Address:	
Name of Management Representative	
Legal Status	

ADDITIONAL INFORMATION *(additional pages with more detailed information can be attached)*

Please provide a list of the main functions within your organisation (e.g.: design, production, management, sales)	Please specify:
Do you have any outsourced processes, please define	Please specify:
Shift times (if applicable): Do shifts perform different activities: <i>Note: If shifts carry out different activities then the different shifts must be included in the audit plan.</i>	Please specify:
Seasonal activities and impact on operations:	Please specify:
Any other special requirements / precautions: (e.g. medical examination)	Please specify:

Language preference – All certification activities will be in English. Note: Interpreter requirements will be for your arrangement	Comments:
Please list any statutory and regulatory requirements to your product(s):	Please specify:
Participation in any other Certification Schemes, please list these	Please specify:
Do you currently have any other management systems certified by any other certification body? If yes, please provide the CB's details and management system certified against	Please specify:
Is the system you are seeking certification for, currently certified by another certification body for the same standard? * If so, by whom? *	Please specify:
* Please provide reason for transfer of certification, if above is applicable.	Please specify:
Is any legal and regulatory context ICCASA needs to take into consideration	Please specify:
Has consultancy relating to the management system to be certified been provided and if so, by whom?	Please specify:

OPERATIONAL DETAILS

Please provide an organisation chart with a breakdown of numbers for each function or complete the table shown below. This information is required for the purposes of calculating the number of days required to carry out the audit. The time allocated for the performance of all audits is in accordance with the latest guidelines provided by the International Accreditation Forum (IAF).

NUMBER OF SITES / BRANCHES

**Addresses of main site and other site(s)/activities or where services are rendered that are applicable to this application
 (If there is not enough space attach additional sheets):**

MAIN SITE/HEAD OFFICE (required for determining on-site audit duration)

Site Name	Physical Address	Contact person	Contact No.	Number of staff		Scope of Registration/ Commodities Produced
				Full-time	Part-time	

OTHER BRANCHES/SITES (required for determining on-site audit duration)

Site Name	Address	Contact person	Contact No.	Number of staff		Scope of Registration/ Commodities Produced
				Full-time	Part-time	
Site 1						

Site 2						
Site 3						
Site 4						
Site 5						

Number of permanent staff					
Number of staff employed on a part-time basis					
Number of staff employed on a temporary basis					
Total Number of staff employed per shift			Shift 1:	Shift 2:	Shift 3:

TERMS AND CONDITIONS

1. I, the authorized representative of the organization and undersigned, declare that the information given in this application is correct to the best of my knowledge and belief.
2. I undertake to inform ICCASA of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to ICCASA in good time.
3. Our organization is familiar with the standard(s) and other criteria against which the certification is sought.
4. Upon certification application registration, our organization agrees to comply with the ICCASA Management Systems Certification Scheme and the signed Certification Agreement.
5. The applicant agrees that if ICCASA issues a certificate and licence to the applicant for the use of any trademarks (such as the Certification Mark), the applicant will use the Marks in accordance with the Certification Mark Regulations.
6. This application remains valid for twelve months from the date at which the application was made, after which period the application will expire.
7. All fees paid are non-refundable.

Applicant Signature:	Date:
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Your Privacy

ICCASA will respect stakeholder privacy at all times. When processing your application, we collect personal information about you for the primary purpose of providing you with a high level of customer service. We may also use this information to inform you of other related products and services available from ICCASA and to contact you in relation to these products and services. As we value your privacy, we do not make your personal information available to other organisations without your explicit consent. Please direct privacy related enquiries by e-mail to: certification@iccasa.co.za