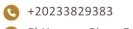


Application Form

| Company Name Address City Code Country Contact Name Fax Number Position Standard(s) to be assessed Accreditation Required Other Information Contact Name Position Company Name Position Company Name Position Po | Address City Tel Number | | | | | | | | | | |
|--|--|-------------|-------------|------------|-------------|-----------|-----------|----------|--|--|--|
| City Code Country Tel Number Contact Name Fax Number Position Web Site E-mail Standard(s) to be assessed Accreditation Required Other Information Scope: Please describe what activities your organisation carries out. Please list any additional sites to be included in the scope of registration Please list the number of employees in each area/site (please use additional sheets if required) Manufacturing/Service area Quality Control/Technical Administration Storage/Warehouse Other Management Total Employees (Full time equivalent) Approx. number of sub-contractors Describe the type of | City Tel Number | | | | | | | | | | |
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| Quality Control/Technical | (please use additional sheets if required) | | | | | | | | | | |
| Administration Storage/Warehouse Other Management Total Employees (Full time equivalent) Approx. number of sub-contractors Describe the type of | | | | | | | | | | | |
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| Other Management Total Employees (Full time equivalent) Approx. number of sub-contractors Describe the type of | | | | | | | | | | | |
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| used on average if applicable. work subcontracted | used on average if applicat | | work sub | contracted | | | | | | | |
| if applicable. | | | if applicat | ole. | | | | | | | |
| Quality Management System ISO 9001:2015 | | | | | | | | | | | |
| Number of Sites to be Audited? □ Single □ Multiple | | | | | | | | | | | |
| Is the Clause" Design & Development" included in the Scope of Organization? ☐ Yes ☐ No | | | | | | | | | | | |
| Is there any process that affects the product conformity and is outsourced? ☐ Yes ☐ No | | | | | | | | | | | |
| * Attach Statement of Non-Applicability as per Annexure A of ISO 9001:2015 ☐ Yes ☐ No | | | | | | | | | | | |
| Legal Obligations if any | | | | | | | | | | | |
| Environmental Management System ISO 14001:2015 | | | | | | | | | | | |
| Number of Sites to be Audited? ☐ Single ☐ Multiple | | | | | | | | | | | |
| Whether Initial Environmental Review (IER) available? ☐ Yes ☐ No | | | | | | | | | | | |
| Whether Register of Significant Aspects / Impacts available? ☐ Yes ☐ No | | | | | | | | | | | |
| Whether Legal Register available? ☐ Yes ☐ No | | | | | | | | | | | |
| Whether Environmental Management Program (EMP) available? □ Yes □ No | | | | | | | | | | | |
| Has EMP been implemented? ☐ Yes ☐ No Attach List of Compliance Obligations ☐ Yes ☐ No | | | | | | | | | | | |
| Occupational Health & Safety System ISO 45001:2018 | | | | | | | | | | | |
| Number of Sites to be Audited? ☐ Single ☐ Multiple Have you identified Hazards? ☐ Yes ☐ No | | | | | | | | | | | |
| If yes | | | | | | | | | | | |





 Doc. No.
 MAS-F 07

 Rev. No./Date
 00

 Issue No. / Date
 01/02/2023



Application Form

| List of Hazardous materials any relevant legal obligations. | | | | | | | | |
|---|-----------------|--------------|---------------------|--|--|--|--|--|
| Personal working onsite and off-site. | | | | | | | | |
| Detail all <u>identified Critical</u> occupational health and safety risks and processes. | | | | | | | | |
| Whether Incident/ Accident Register available? □ Yes □ No | | | | | | | | |
| Imp: Please furnish Table-1 and attach with Quotation request Form Attached as above ☐ Yes ☐ No | | | | | | | | |
| □ Food Safety Management System ISO 22000:2018 | | | | | | | | |
| Number of Sites to be Audi | ited? | ☐ Single ☐ N | ☐ Single ☐ Multiple | | | | | |
| Have you implemented HA | CCP Principles? | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | | |
| Any seasonality issues? | | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | | |
| Total No of HACCP Studies (As per ISO 22003-1:2013) | | | | | | | | |
| How many process lines are there in production | | | | | | | | |
| Any Prior Audits Conducted | d | ☐ Yes ☐ No | ☐ Yes ☐ No | | | | | |
| If yes, attach audit findings | | | | | | | | |
| Other Factors (Kindly Confirm No's):- | | | | | | | | |
| Product Types=; Product Lines=; Product Development=; CCP=; OPRP=; | | | | | | | | |
| Building Area=; Infrastructure=; In House Lab Testing=; Translator Requirements=; | | | | | | | | |
| When you will be ready | for audit? | | | | | | | |
| Date of the system(s) im | plementation | | | | | | | |
| Consultants who helped to develop your system | | | | | | | | |
| Name of the CB, if already certified | | | | | | | | |
| Signature | | | Date | | | | | |
| | | | | | | | | |
| | | | | | | | | |

