

METHOD OF COMPLETION: all the fields in sections 1,2,3 and 4 are to be filled in: where not applicable put N.A.

1. TYPE OF CERTIFICATION REQUESTED				
<input type="checkbox"/> FIRST CERTIFICATION		<input type="checkbox"/> EXTENSION		<input type="checkbox"/> SCOPE <input type="checkbox"/> SITE
<input type="checkbox"/> RECERTIFICATION			<input type="checkbox"/> TRANSFER OF CERTIFICATE (CHANGE OF BODY)	
2. DATA OF ORGANISATION APPLYING FOR CERTIFICATION				
Registered Name: _____				
Head Office Address: _____				Post Code/Town: _____
Contact Person: _____		e-mail: _____		Tel _____ Fax _____
VAT Number: _____		Internet Site: _____		
3. INFORMATION RELATED TO CERTIFICATION				
REFERENCE STANDARDS				
<input type="checkbox"/> ISO9001:2015		<input type="checkbox"/> ISO 14001:2015		<input type="checkbox"/> ISO 45001;2018
<input type="checkbox"/> ISO 13485:2016		<input type="checkbox"/> ISO 22001;2018		<input type="checkbox"/> ISO 27001;2013
				<input type="checkbox"/> Others-----
				<input type="checkbox"/> Others-----
ACTIVITY TO BE CERTIFIED (WORDING TO BE WRITTEN ON THE CERTIFICATE)				
MAIN PROCESSES OF THE ORGANISATION RELATED TO THE FIELD OF APPLICATION				
OUTSOURCED PROCESS				
Is the Head Office a site to be certified? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER SITES TO BE CERTIFIED AND/OR OPERATIONAL SITES AND/OR EXTERNAL WORKS				
<input type="checkbox"/> OTHER SITES Indicate all sites subject to certification (offices, plants, warehouses, etc.), if different from head office. Attach additional sheet, if necessary. <input type="checkbox"/> N.A.				
	Name or type	Address	Activities carried out	N° staff
1.				
2.				
3.				
<input type="checkbox"/> OPERATIONAL YARDS/TEMPORARY SITES WHERE THE ORGANISATION WORKS N° 01 (Indicate average number of operational yards established per year) Only in the case of construction and installation companies (EA 28) see also section 4 <input type="checkbox"/> N.A.				
<input type="checkbox"/> OUTSOURCED ACTIVITIES Indicate in the space below the activities subject to certification that are outsourced by the organisation <input type="checkbox"/> N.A.				
→				
ANY EXCLUSIONS				
Exclusion of requirements of the ISO 9001/ISOTS16949/EN9100/9110/9120 standard <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, of which ?		
Exclusion of other sites of the organisation <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, how many?		
Exclusion of other outsourced activities/services provided by the organisation <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, which ones?		
PERSONNEL INVOLVED IN THE MANAGEMENT SYSTEM (By personnel is meant partners + employees + collaborators + subcontractors, etc) INDICATE IN THE SPACES BELOW THE TOTAL STAFF IN HEAD OFFICE + PERSONNEL OF ANY SITES TO BE CERTIFIED + YARD PERSONNEL)				
TOTAL n° of personnel :		N° of part time personnel ____ <input type="checkbox"/> N.A.		N° of work shifts:
		Average hours worked per week by part timers: ____		N° of personnel per shift
4. OTHER INFORMATION (applicable to all standards)				
Did a consultancy company help prepare the Manual and procedures? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name of this company(1)		Name of consultant(s) (1):		
Any management system certification already obtained: <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, for which standard(s):		
If YES, name of certification body:		Is the certificate still valid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Social / Sustainability Report published: <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, any independent verification obtained:		
Accreditation requested: <input type="checkbox"/> ASIB (E)		<input type="checkbox"/> Other:		
Audit language: <input type="checkbox"/> Bangla		<input type="checkbox"/> English		<input type="checkbox"/> Other:
Safety conditions at sites to be audited:				
Main mandatory legislation related to the activities (attach documentation if necessary):				
5. SPECIFIC INTEGRATIVE INFORMATION (only to be filled in if applicable)				
ONLY FOR CONSTRUCTION AND INSTALLATION COMPANIES (EA 28), insert the data required in the table below for each operational yard and indicate in the "notes" space the expected closure date and estimated contract invoicing or attach list with this information				
	Address	Activities performed	N° Staff	Notes
1.				
2.				
3.				

6 ONLY FOR ISO20000 CERTIFICATION

Type of IT services provided (i.e. ISP / ASP, e-commerce, e-banking, housing, hosting, other):

Is there a catalogue of services which describes the services provided? YES NO Notes:

Confidential documentation: does the ITSM include documentation (procedures, records, etc.) classified as "confidential" and/or not available to be checked?: YES NO Notes:

Are any processes outsourced? YES NO If Yes, which one(s)? How are they outsourced?

7 ONLY FOR ISO27001 CERTIFICATION (You are kindly requested to answer the following questions referred to the CONTEXT of the Information Security Management System. In the case of more than one site, please provide answers for each one. Attach additional sheet, if necessary)

Type of data handled (i.e. technological design, financial/banking, insurance/health, military, information technology, marketing/commercial/advertising, general personal data, sensitive personal data, other):

Confidential documentation: does the ISMS include documentation (procedures, records, etc.) classified as "confidential" and/or not available to be checked?: YES NO Notes:

For ISO27001 certification, also the specific annex is to be filled in.

<p>Place <u> </u> on <u> </u> Date <u> </u></p>	<p>Stamp and Signature <i>(Give name and position)</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="display: flex; justify-content: space-between; margin: 0;"> Name Designation </p>
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