



Section A: Company information			
Company Name			
Application date			
Language (preferably English)			
Physical Address:		Postal Address:	
Company Registration Number			
Company Representative			
Is the company representative part of management?			Yes
If yes, please state the designation			
E-mail Address	Fax Number	Telephone Number	Cell Number
A.2 Scope of certification: Please tick the below			
ISO 9001:	ISO 14001:	ISO 45001:	
Other (Please specify)			
Initial Certification		Re-Certification	
Transfer Certification			
Integrated Management System			
Section B: Certification Type			
Compliance Audit (<i>excl. SANAS logo</i>)			
MI-CERT AFRIKA Certification (<i>incl. SANAS logo</i>)			
Section C: Company's Operations			
Total Number of permanent employees		Number of contract employees	
Number of employees involved in certification process			
Any legal aspects or requirements			
Any legal obligations (<i>e.g. any law or council that the company is registered with</i>)			

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Company's Processes (e.g Assessor Training, Moderator Training, Cleaning of Pumps):

Company's Operations (e.g Training and Development, Distribution, Logistics, Refurbishment of Face Shovels etc):

Section D: General information relevant to Certification

Company Scope of Certification applying for:

Outsourced processes (e.g HR, Purchasing etc.):

Technical resources (e.g mobile machines, facilities, firearms):	
Is the company part of larger organisation (Yes/No)?	
Number of sites:	
Number of sites to be audited:	
Number of sites to be certified:	

Section E: Consultants

Were there any consultations used to develop the Management Systems (Yes/No)?	
If yes, provide the name of company/consultant(s) used:	
Will the consultant form part of the audit (Yes/No)	
If yes, please state the role and responsibility of the consultant with the justification (Note: more information might be required where the justification is deemed insufficient):	
Did the company/Consultant sign a non-disclosure agreement (Yes/No)?	

Please fill annexure A for the sites to be certified

For Certification Body Office Use Only

Application received by:	Date:	Check by:	Date:
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Accepted or rejected			
Reasons for rejection: N/A			

Annexure A

Site Name	Address	Processes/function	Number of Employees	
			Permanent	
			Part Time	
			Per Shift	
			Sub-Contractors	
Site Name	Address	Processes/function	Number of Employees	
			Permanent	
			Part Time	
			Per Shift	
			Sub-Contractors	
Site Name	Address	Processes/function	Number of Employees	
			Permanent	
			Part Time	
			Per Shift	
			Sub-Contractors	
Site Name	Address	Processes/function	Number of Employees	
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			Sub-Contractors	
Site Name	Address	Processes/function	Number of Employees	
			Permanent	
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