



## Application for Certification Form

<b>Section A: Company information</b>			
Company Name			
Application date			
Language (preferably English)			
<b>Physical Address:</b>	<b>Postal Address:</b>		
Company Registration Number			
Company Representative			
Is the company representative part of management?	Yes	No	
If yes, please state the designation			
E-mail Address	Telephone Number	Cell Number	
<b>A.2 Scope of certification: Please tick the below</b>			
<b>ISO 9001:</b>	<b>ISO 45001:</b>	<b>ISO 39001:</b>	
Other (Please specify)			
Initial Certification	Re-Certification		
Transfer Certification			
Integrated Management System			
<b>Section B: Certification Type</b>			
Compliance Audit ( <i>excl. SANAS logo</i> )			
MI-CERT AFRIKA Certification ( <i>incl. SANAS logo</i> )			
<b>Section C: Company's Operations</b>			
Total Number of permanent employees		Number of contract employees	
Number of employees involved in the certification process			
Any legal aspects or requirements			
Any legal obligations ( <i>e.g. any law or council that the company is registered with</i> )			

<b>DOCUMENT NO.:</b>	<b>QA 1.10</b>	<b>TITLE:</b>	<b>Application for Certification Form</b>
<b>REVISION NO.:</b>	<b>3</b>	<b>DATE:</b>	<b>15.01.2025</b>



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<b>Company's Processes</b> (e.g. Assessor Training, Moderator Training, Cleaning of Pumps):	
<b>Company's Operations</b> (e.g. Training and Development, Distribution, Logistics, Refurbishment of Face Shovels etc):	
<b>Section D: General information relevant to Certification</b>	
<b>Company Scope of Certification applying for:</b>	
<b>Outsourced Processes (Mandatory)</b> (e.g. HR, Purchasing etc.):	
<b>Technical resources</b> (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:	
<b>Section E: Consultants</b>	
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)?	
If no, state the reason why.	
<b>Please fill annexure A for the sites to be certified</b>	

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For Certification Body Office Use Only			
<b>Application received by (Certification Manager):</b>	<b>Date:</b>	<b>Check by (QA System Administrator):</b>	<b>Date:</b>
<b>Accepted or rejected</b>			
<b>Reasons for rejection: N/A</b>			

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

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### Section F: Declaration

I/we, the undersigned (Print name/s)

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Certify that the information furnished in this document is correct.

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Signature/s

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Date

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Designation

*(Please initial all other pages of this document)*

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