**Application Form** (Please Complete in Detail and Forward to GRS Certification)

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| CertificationType(Check the Box) | ☐Initial Certification  |
| ☐ Re-Certification |
| ☐ Transfer of registration from another certification body |
| (If Transfer provide the detail) |
| **Standard (s) applicable (please indicate as appropriate)****☐ ISO 9001:2015☐ ISO 14001:2015 ☐ ISO 45001:2018☐ ISO 22000:2018 ☐ HACCP ☐ Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| Name of Organization: |
| Address: |
| State:  | Country | P.O.Box No. | United Arab Emirates |
| Contact Person Name:  |
| Ph./Fax, Mobile # | Ph. | Fax. | Mob. |
| Web.:  | Email. :  |
| No. of Sites and Shifts (if more than One Please provide the detail) |  |
| Scope of Management System: |
| Exclusions |  | Legal Status of the Company: |
| Please list the number of employees in each area/site | Full Time | Part Time | Shifts | Full Time | Full Time | Part Time |
| Manufacturing/Service area |  |  |  |  |  |  |
| Quality Control/Technical |  |  |  |  |  |  |
| Administration |  |  |  |  |  |  |
| Storage/Warehouse |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Management |  |  |  |  |  |  |
| Total Employees (Full time equivalent) |  |  |  |  |  |  |
| Approx. number of sub-contractors used on average if applicable. |  | Describe the type of work subcontracted if applicable. |  |  |  |

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| Identify products / services of your company   |
| Activities being performed outside the main site: |
| Are the temporary sites synonymous with your operation: Yes / NOIf the answer is YES, identify the name / location of the sites operational presently  |
| Identify key processes in manufacturing or provision of services:  |
| Number of buildings & floors & approximate floor area (sq. ft): |
| Technical Resources ( machinery, monitoring & measuring equipment, utilities, etc) |
| Applicable statutory & regulatory requirements related to (Product / Services / Process) - |
| Please list your main Customers:  | 1.2.3. |
| Non-Applicability of Clauses (if any): |  |
| Outsource Process, if any |  |
| Proposed date of Certification: |  |
| Surveillance Frequency: |  |
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| Does your organization currently have any registrations granted by GRS Certification or other certification bodies | ☐Yes No |
| If YES, please give certificate number(s) and expiry date: | Cert.#.  |
| Additional Information:1. Have you called on the service of a consultant?
2. If Yes, please provide details
3. If any Business Associates involved other than marketing?
 | ☐ Yes NoDetail:  |

The above details help us provide an accurate quotation. All information is treated with strict confidentiality.

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| Signature and Seal | Name of Signatory and Designation | Date:  |
| **For GRS Certification use only: -** |
| REVIEWED BY: |  | Date:  |
| Can the application be further processed? |  Yes ☐ No. |
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