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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Certification  Type  (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 / NO  If 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: |  |
|  | |

|  |  |
| --- | --- |
| 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 No  Detail: |

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

|  |  |  |
| --- | --- | --- |
| 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. |
|  | |  |