

The Director/CEO,
 Ind-Expo Certification Ltd,
 CNCI Secretarial,
 Apt # 20, 1stFloor,
 Galle FaceCourt 02,
 Colombo 03,
 Sri Lanka.

for office use

DATE RECEIVED	
REFERENCE NUMBER	
NEW CERTIFICATION	
RECERTIFICATION	
REVIEWING OFFICER	

1. GENERAL:

1.1. Registered Name of the Applicant Organization:

1.2. Address (Head Office):

Telephone:..... Fax:.....E-mail:.....

1.3. Contact Person of the Organization:

a) Nominee 1:

Name :.....
 Designation :.....
 Telephone :.....
 Fax :.....
 E-mail :.....

b) Nominee 2:

Name :.....
 Designation :.....
 Telephone :.....
 Fax :.....
 E-mail :.....

1.4. Legal status of the organization :

a) Registration authority:

b) Registration number:.....Date:

1.5. VAT registration number:

2. REQUESTED MANAGEMENT SYSTEM CERTIFICATION:

- GMP ; HACCP ; ISO 22000: 2005; ISO 9001: 2015; ISO 14001: 2015;
- OHSAS 18001 : 2007; ISO 50001: 2011

3. APPLICABLE LOCATION(S) FOR THE CERTIFICATION:

[Please indicate the permanent physical locations (subsidiaries, branches, warehouses etc.) registered under the Applicant Organization, which are to be included in the certification. Attach a separate sheet for temporary locations (eg.:ConstructionProjects)] [If required Please attach a separate sheet]

Name & Address	Telephone/Fax/E-mail

4. DEPARTMENTS/DIVISIONS APPLICABLE AND NUMBER OF EMPLOYEES:

Departments/Divisions (eg.: Management, Design, Production,Quality Assurance, Human Resources, etc.)	Total Effective Number of Employees**				Number of employees working on each shift and time of shift		
	Full Time Employee	Part Time Employee	Casual Employee	Sub Contracted Employee	Shift 1 & time	Shift 2 & time	Shift 3 & time
Head Office:							
Location 1							
Location 2							
Location 3							
Total							

[If required Please attach a separate sheet]

*** The effective number of employees consists of all full time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number.*

5. LEGAL & OTHER OBLIGATIONS OF THE COMPANY

[Please indicate the legal obligations to be abide by the Applicant Organization] (eg.: CEA regulations, CDDA regulations, industry specific regulations, compulsory product certifications etc.)

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6. CORE INFORMATION

6.1. System of the organization (ex. Quality Management System, Food Safety Management System, Environmental Management System ,etc) is developed by: [outside consultant(s) and/or organization itself]
If you used service from consultant mentioned the name of consultant.

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6.2. Type of certification [New Certification or Recertification] and required certification (Accredited certificate or Non Accredited certificate):

Note: Non Accredited certificates will be issued only for scope where Ind-expo does not process accreditation)

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6.2.1 How long has the Management system been in place?

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6.2.2 If Recertification;

- a) Date of first certification:
- b) Validity period of previous certification:
- c) Scope of previous certification:
- d) Major changes done in the Management System during the previous year [if any]:

6.3. Description of products manufactured and/or services offered/Nature of the Business:

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6.4. Markets Serving (at present): [Local only, Local and International (note down the countries), International only (note down the countries)]

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6.5. Description of manufacturing processes and/or services which has been outsourced to the external party:

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6.6. Description of products manufactured and/or services offered which are to be excluded from the scope of the certification:

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6.7. Desired scope of the certification:

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6.8 . Reason for the certification:

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6.9. Preferred language to conduct audit:

- Sinhala English Tamil

7. DOCUMENTED INFORMATION

Please submit copies of the following documents along with the duly perfected Application.

7.1 HACCP

- a) Scope of the organization
- b) HACCP plans, Policies & Procedures for implementation

7.2 ISO 22000:2005

- a) Scope of the organization
- b) HACCP plans, Policies & Procedures for implementation
- c) Food Safety Policy and objectives

7.3 ISO 9001:2015

- a) Scope of the organization, and justification for applicability ,
- b) Documented information to support the operation of processes of the organization,
- c) Quality Policy,
- d) Quality Objectives,
- e) Operational planning and control.
- f) Any other documented information (ex: Business plan, vision and mission, corporate strategies)

7.4 ISO 14001:2015

- a) Scope of the organization, and justification for any exclusion ,
- b) Environmental Policy ,
- c) Environmental Objectives,
- d) Operational planning and control.
- e) Environmental Aspect and Impact Evaluation

7.5 OHSAS 18001:2007

- a) Scope of the organization ,
- b) OHSAS Policy ,
- c) OHSAS Objectives,
- d) HIRA, Policies & procedures for implementation,
- e) Operational planning and control.

7.6 ISO 50001:2011

- a) Scope of the organization,
- b) Energy policy, objectives, targets and energy management action plan
- c) Energy review, energy performance & energy performance indicators
- d) Operational control

8. DECLARATION BY APPLICANT

8.1 I /We have read and understood the Terms and Conditions for certification (IMSM/TCC/01) of Ind-Expo certification scheme.

8.2 Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate.

8.3 I/We will not hold liable either the Ind-Expo Certification Ltd or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Date :

Signature :

Name :

Designation :

For and on behalf of

[Name of the Applicant Organization]