

l	Form	APPLICATION FOR	OR	MANAGEMENT	SYSTEMS
	F01-PRC.09	Effective date: 15.02.20	023		

I. REGISTRATION INFORMATION

Company (customer)	Name		
Head office address (according to business registration):			
Production/Services provision address			
Contact: (Minimum requirement	act: mum requirement of 2	Full name:	
people except for b households)	ousiness	Full name: Position: Phone: Email:	
Standards			
Scope			
Exclusion clauses			
Type of certification		☐ Initial certification audit; ☐ Recertification audit ☐ Expansion certification audit; ☐ Transfer audit	
Total employee:			
Number of stages in the production line:		(For example: 5 production stages (raw material checking - scaling - mixing - level 1 packaging - level 2 packaging)	
Number of positions working at the enterp		(For example: 8 working positions (purchasing - warehouse keeper - sales - administrative and human resources - maintenance - mechanical and electrical - KCS/QC staff - QA staff)	
Is your management system self-developed or consulted?		Self-developed Hiring a consultant Consultancy Body: Consultants:	

@l@hal	Form	APPLICATION FOR CERTIFICATION	MANAGEMENT	SYSTEMS
CERTIFICATION & INSPECTION	F01-PRC.09	Effective date: 15.02.2023		

Have you applied any ISO management system or equivalent?	☐ No: ☐ Yes - If so, please specify which standards?: Certified by which certification body?:		
	Valid until date:		
Requested time for audit (fill in specific date if the customer requests)			

II. RECORDS AND DOCUMENTS TO BE SENT TOGETHER WITH THIS CERTIFICATION REGISTRATION

- Photocopy/photo/scan copy of Business Registration Certificate;
- Photocopy/photo/scan/ doc., pdf copy of the Quality Manual or management system manual or equivalent document describing the scope of application of the management system (quality/environment/occupational safety and health/medical equipment/...)
- Photocopy/photo/scan/doc., pdf copy of the document describing the roles, responsibilities and authorities of departments in the enterprise.
- Photocopy/photo/scan/doc., pdf copy of the DIRECTORY listing documents/processes applied according to ISO, according to the management system at the enterprise.

In case the location of production or service provision is different from the location mentioned in the Business Registration Certificate, attach additional documents proving the relation between the organization registering for certification and the production location (For example, Outsourcing Contract, production lease contract ...)

Note: The above documents can be sent via email/Zalo or sent by delivery along with the contract and certification registration.

We, the organization registering for certification, guarantee that the above information is true; commits to comply with all regulations in CGLOBAL's Management System Certification Regulations as well as other relevant regulations of CGLOBAL posted on the Website: https://cglobal-sg.com/ and ensures all conditions for Certification Body carry out certification audit according to current regulations.

...., Date.....monthYear...

CUSTOMER REPRESENTATIVE

(Sign, write full name, stamp)



Form	APPLICATION CERTIFICATIO		MANAGEMENT	SYSTEMS
F01-PRC.09	Effective date: 15.02	2.2023		

FOR CGLOBAL REVIEW

Customer No.:	Nace Code:	Level: ☐ High; ☐ Medium; ☐ Low;
Eligibility: □ Yes; □ No		
Auditor's Approval (Only applicable in cases where Certification Department staff are not yet qualified)		Approval of the Certification Department: