

 African Certification and Testing	ISO 9001 Application Form	Document No.:	F22.21
		Revision No.:	02
		Effective Date:	07-11-2025
		Review Date:	03-11-2025
		Controlled	

For a formal written quotation of audit fees, please complete in detail and forward to
marketing@africancertification.co.za

Details of authorised representative

Name:	Position:
E-mail:	Web site:
Telephone Number:	Fax Number:

Details of Accounts representative

Name:	Position:
E-mail:	Cell phone Number:

<i>New customers</i>	☐ New registration
	☐ Transfer of registration from another certification body
<i>Existing customers</i>	☐ Extend the scope of your current registration
	☐ Add a new standard to your registration
	☐ Transfer a registration from another certification body

1. Desired Scope of Certification What wording would you like to see on your certificate? eg "the manufacture and supply of CCA and Creosote treated timber products"

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2. Relevant Details

a) Name of Company or Organisation

Company registration number (please attach a copy of your company registration documents with the application form)

b) Address(es) of your site(s)

Postcode-

If you have multi-sites, state the address of your other site

Postcode-

*Only if you have more than 2 multi-sites, state the number of sites:

Attach a letter to the application form stating the address of each of your sites

c) Main Processes and Operations

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d) Human resources How many employees are involved in scope applied for? _____
e) Technical resources
f) Functions
g) Relationships
h) Any relevant legal obligations

3. Are any of your Main Processes outsourced. If so, indicate what processes and how Please indicate your main departments or sections (eg Marketing, Sales, Design, Purchasing)

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4. Please indicate the standard or other requirements your company is seeking certification for (e.g. ISO 9001 or ISO 14001)

Please note:

- The initial certification audit comprises of two separate stages
- The results of the stage 1 audit may lead to postponement or cancelation of the stage 2 audit

5. If a consultant was used to develop your management system, please give their name and company.

6. Does your organisation currently have any registrations granted by African Certification and Testing or other certification bodies? YES / NO

If **YES**, please give certificate number(s) and expiry date: _____

7. If you are a new customer, how did you hear about African Certification and Testing.?

8. Is there any additional information you feel may help us prepare your quotation? (include details of any exclusions, design / development undertaken, outsourced processes such as design, installation etc)

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

Signed Date	Position
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You can send the filled questionnaire to either of the following addresses

1, Klaasen Street, Merrivale, Howick, Kwa Zulu Natal, 3291

E-mail: marketing@afriancertification.co.za

Website: www.afriancertification.co.za

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<u>For Office Use, Only:</u>	
Review Date (dd/mm/yyyy): ____/____/____	
Review Questions:	
Are the company registration forms attached with the filled in application form?	
☐ Yes ☐ No	
Does ACT cover the requested Standards applied for?	
☐ Yes ☐ No	
a) Is the information about the applicant and its management system sufficient to develop an audit program?	
☐ Yes ☐ No	
If not, comment:	
b) Are there any known difference in understanding between the certification body and the applicant organisation?	
☐ Yes ☐ No	
If so declare the differences:	
c) Does the certification body have the competence and ability to perform the certification activity?	
☐ Yes ☐ No	
d) Are the following taken into account?	
1) The scope of certification sought	☐ Yes ☐ No
2) The site(s) of the applicant organisation's operations	☐ Yes ☐ No
3) The time required to complete audits and any other points influencing the certification activity	☐ Yes ☐ No
4) Any other points influencing the certification activity	☐ Yes ☐ No
If you answered "Yes" in (d) please describe the points:	
1)	

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2)	
3)	
4)	
Conclusion of application review: I, the reviewer, hereby ☐ Accept ☐ Decline The applicant	If the applicant is rejected, state the reasons for declining:
_____ <i>Reviewed by (name)</i>	_____ <i>Signature of reviewer</i>