





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

d) Human resources

How many employees are involved in scope applied for? \_\_\_\_\_

e) Technical resources





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

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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.?

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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	Position
Date	

You can send the filled questionnaire to either of the following addresses  
**1, Klaasen Street, Merrivale, Howick, Kwa Zulu Natal, 3291**  
**E-mail: [admin@africancertification.co.za](mailto:admin@africancertification.co.za)**  
**Website: [www.africancertification.co.za](http://www.africancertification.co.za)**



**For Office Use, Only:**

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  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) The site(s) of the applicant organisation's operations   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) The time required to complete audits and any other points influencing the certification activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Any other points influencing the certification activity  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" in (d) please describe the points:

1)

2)



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