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| **Application for certification** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company name** |  | | | | | | | | | | | | | | **Top management** | | | |  | | | | | |
| **Physical address** |  | | | | | | | | | | | | | | **Postal code** | | | |  | | | | | |
| **Contact person** | |  | | | | | | | | | **Function/position** | | | |  | | | | | | | | | |
| **Phone** | |  | | | | | | | | | **Facsimile** | | | |  | | | | | | | | | |
| **E-mail** | |  | | | | | | | | | **Number of personnel** | | | | (Shift:      ) | | | | | | | | | |
| **Company register number (if any)** | |  | | | | | | | | **Proposed Audit date(s)** | | Stage 1: | | | | | | Stage 2: | | | | | | |
| **Standard(s)** | |  | ISO 9001:2015 | | |  | | ISO 14001:2015 | | | | |  | ISO 22000:2005 | | | | |  | | OHSAS 18001:2007 | | | |
|  | |  | ISO 45001:2018 | | |  | | HACCP | | | | |  | ISO 27001:2013 | | | | |  | | BIFMA | | | |
|  | |  | GMP / GMP+ | | |  | | ASG | | | | |  | GGS | | | | |  | | Others ………………… | | | |
| **Additional req.** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Scope of certification / Products** | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Excluded clause(s): | | | | | | | | | | | | | | | | | | | | | | |
| **Seasonal products, processes or activities** | | Where there are seasonal products, processes and/or activities within the scope of certification (e.g. processes operated during the specific period of time within a year) | | | | | | | | | | | | | | | | | | | | | | |
| **Parent organization**  **(if applicable)** | |  | | | | | | | | | | | | | **Design responsible**  **(if applicable)** | | | |  | | | | | |
| **Internal audit** | |  | Done |  | Planned | |  | | Not yet | | **Management review** | | | |  | Done |  | | | Planned | | |  | Not yet |
| **Core processes**  **(main activities)** | |  | | | | | | | | | | | | | **Outsourced processes** | | | |  | | | | | |
| **Multiple sites** | |  | | | | | | | | | **Preliminary visit** | | | |  | Required | | | | |  | Not necessary | | |
| **Consultancy organization (if any)** | |  | | | | | | | | | **Name of the consultant(s)** | | | |  | | | | | | | | | |
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| We apply for the certification with the above information and agree to comply with relevant certification rules and requirements.  Date:0     0, Name of the Director: 홍 길 동 (signature) |

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| **Enclosed documents**  **(if available)** |  | Company register document and access map |  | Organigramme and core processes (process chart, flow diagram) |
|  | Outsourced process(es) within the scope |  | Company presentation |
|  | HACCP plan, operational PRPs (only for ISO 22000) |  | Current status of multiple sites |
|  | List of employees subject to health insurance |  |  |