Application for Certification Services

(To be filled in by the potential client and returned to ACS Registrars Office)

Company Name | | | | | | | | | | | | | | | | | | | | |

Head Office Address _____

Site Address _____

Tel # _____ **Fax #** _____ **No. of Sites** _____

Email _____ **Website** _____

Responsible Authority _____ _____
(For Coordination) **Name** **Designation**

CEO / Director(s) Name _____ **Contact #** _____

Numbers of Employees _____ + _____ + _____ + _____ = _____
Managerial Admin Production Labour Total

Nature of Business _____

List of Operations _____

List of Products / Services _____

Registration Status

☐ Sole Proprietor ☐ Partnership ☐ Private Ltd. ☐ Public Ltd. ☐ Any Other

Applicable Statutory & Regulatory _____

Potential Markets _____

Additional information _____

Attachments ☐ Profile ☐ Company Registration ☐ Any Other

Required Services ☐ Certification ☐ Inspection ☐ Training

Standard(s) ☐ ISO 9001 ☐ ISO 14001 ☐ OHSAS 18001

☐ HACCP ☐ ISO 22000 ☐ ISO 27001

☐ Any Other_____

Information provided by: Name _____ **Designation** _____

Signature _____ **Date** _____

Ref. # _____ (to be filled in by ACSR staff)

Client Status ☐ Quotation Forwarded ☐ Contract Forwarded ☐ Contract Approved

_____ _____

Marketing Executive **Dated**