



Organization Name			
Address			
Website			
Primary Contact Person	Name:		
	Mobile/ Tel:		
	E-mail:		
Scope of Certification (Important: Information provided will be used to define your organization's scope of registration & will appear on the assessment schedule which accompanies your certificate)			
Standards	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> Other <input type="checkbox"/> ISO 22000 <input type="checkbox"/> HACCP		
Audit Types (For transfer audit, please attach the following: copy of certificate, copy of latest audit report & copy of corrective action)	<input type="checkbox"/> New/Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Transfer		
Indicative of effective no. of personnel in the organization	Total no. of employees:		
	No. of parttime employees (including contractual):		
	Effective No. of full-time employees:		
Is the work performed in shifts		No of shifts	
Kindly describe services carried out by external provided (if any)/ Outsourced processes (subcontracting):			
Any exclusion of the standard requirements			
Proffered audit language			
Certified in any other system (Please mention standard, certification body, accreditation & valid till date)			
If you have hired services of any Consultant/ organization	Name		
	Address		
	Contact No.		
	E-mail/Web:		
Desired date of audit			



Activities of system: (Produce, process, packaging etc.) (Describe the activities that your organization undertakes in the food chain, that are under your control)	
Outsourced processes (subcontracting):	<input type="checkbox"/> No, <input type="checkbox"/> Yes, Details (if yes)
List of Final Products & Usage: (List down the market segments like consumer retail / dealer)	
Do you Design the product? (Do you own any recipe...?)	<input type="checkbox"/> No <input type="checkbox"/> Yes Details (if yes)
Proposed Scope for Certification: (Certification shall be for the system and not products)	
Total no of HACCP plans	
Working Hours (shift and activities in each shift):	
Trade License	Trade License no: Expiry date:

Appendix 1

Sites	Site Name	Address	Total no. of employees	No. of shifts	Activities performed
Head Office					
Site 1					
Site 2					

**Application Review (For LEADMAX Office Use Only)**

Accreditation	
Standards	
Scope/Code Evaluation	
Resource Allocation	
Approval Status	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Impartiality Threats	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client Authorized representative

Name:

Sign:

Date: