|  |
| --- |
| **1.Application**  |
| Company Name  |       |
| Address |       |
| Legal Representative |       |
| Contact Person (if different from legal representative) |       |
| Phone |       |
| E-mail |       |
| VAT / No |       |
| **2.Applied Scope and Application Type (Select the suitable one)** |
| Scope  |       |
| [ ]  First Application [ ]  Transfer of Certification [ ]  Recertification [ ]  Scope Extention (New Sub-unit/Product Category/Process Addition)[ ]  Address Change [ ]  Scope Reduction (Sub-unit/Product Category/Process Reduction/Removal) |
| **3. Product Information**  |
| **Product Name**  |
|       |
|       |
|       |
|       |
| **4.Unit Information**  |
| **Unit Name and Address** | **Processes** (For example, storage, manufacturing and marketing etc.)  | **Number of Workers\***  | **Contact Person Information** | **Changed, added,****continued or removed** | **The distance between units** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| \* Please state the number of workers at the time of application. |
| **(If exists) Please send the Previous Audit Report and Scope Certificate(s) with the application form.** |
| The Preceding Certification Body Name  |       |
| Have your scope certificate ever been suspended, cancelled or withdrawn?  |       |
| Have any nonconformities been issued, if yes have the corrective actions been closed? |       |
| The validity of your scope certificate |       |
| **8. Signature and date**  |
| By signing this application form, I accept the information I have given here is accurate and correct. |
| Legal Representative |       |
| Role  |       |
| Date |       |
| Sign and Stamp |  |