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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | |
|  | | | | | | | | |
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|  | | | | | | | | |
| **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| Have your scope certificate ever been suspended, cancelled or withdrawn?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 | | |  | | | | | |