**OSA - Application Form**

**This form must be completed in full to initiate the certification or documentation engagement with OSA Certification**.

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| County / Province |  | Web Site: |  |
| Postcode / Zip Code |  | E-mail: |  |
| Contact Name: |  | Mobile: |  |
| GST Number: |  |
| Scope to be mentioned in certificate after Audit |  |
| Brief Explanation of the product of the organization. |  |
| Design and development activity? |  |
| Kindly specify the applicable product certification(s) your organization requires such as **(CE Mark, FCC, HALAL, HACCP, CMMI, BIFMA, RoHS, Kosher, GMP, FSSAI, C-TPAT or others.)** |  |

## Service Requested

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| Certification/Documentation Support {Tick the relevant box(es)} |
| ISO 9001:2015  | [ ]  Certification [ ]  Documentation | **CMMI** | [ ]  Certification [ ]  Documentation |
| ISO/IEC 27001:2022 | [ ]  Certification [ ]  Documentation | **DORA** | [ ]  Certification [ ]  Documentation |
| ISO 22301:2019 | [ ]  Certification [ ]  Documentation | **GDPR** | [ ]  Certification [ ]  Documentation |
| ISO 14001:2015  | [ ]  Certification [ ]  Documentation | **TPRM** | [ ]  Certification [ ]  Documentation |
| ISO 45001:2018 | [ ]  Certification [ ]  Documentation | **VAPT** | [ ]  Certification [ ]  Documentation |
| ISO 22000:2018 | [ ]  Certification [ ]  Documentation | **SOC 2** | [ ]  Certification [ ]  Documentation |
| ISO 50001:2018 | [ ]  Certification [ ]  Documentation | **PCIDSS** | [ ]  Certification [ ]  Documentation |
| ISO 37001:2016 | [ ]  Certification [ ]  Documentation | **NIST 2** | [ ]  Certification [ ]  Documentation |
| Other (please specify):  | \_\_\_\_\_\_\_\_  | Comments: | \_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Total Number of Employees  | Permanent :  | Temporary :  |
| Number of Shifts |  |
|  Outsourced Process: if any;  |  |

**ONLY FOR CLIENTS TRANSFERRING FROM ANOTHER ACCREDITED CB**

|  |  |
| --- | --- |
| Certification Body: |   |
| Accreditation: |  |
| Standards: |  |
| Issue Date: |  |
| Expiry Date: |  |
| Status of Current Certificate: |  |
| **Please Confirm that we have your permission to contact your current CB for:** |
| Verification of the validity and scope of your current certification |  Yes [ ]  | No [ ]  |
| Verification of the status of any outstanding corrective actions or other queries raised during our review. |  Yes [ ]  | No [ ]  |

|  |
| --- |
| **Application Review (For OSA Certification Use only)** |
| Accreditation |  |
| Scope/Code Evaluation |  |
| Resource Allocation |  |
| Review Status |  |
| Quotation Generation |  |

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| **Declaration & Authorization**We hereby declare that the above information is accurate and complete to the best of our knowledge. We authorize OSA Certification to verify this information as needed and agree to abide by the terms and conditions outlined in the certification agreement. |
| Name |  |
| Designation |  |
| Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please return the completed form to:** | **OSA Certification** | What’s app: | + 91 9990070959+ 91 9066148591 |
| E-mail: | info@osacertification.com |

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