

UNICERT INTERNATIONAL SDN BHD – Certification Services	 <small>www.unicertinternational.com</small>
CERTIFICATION REQUEST FORM	APPLICATION FORM

<input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Pre-Audit <input type="checkbox"/> Re-certification <input type="checkbox"/> Change (Scope, Address, Title etc.)							
Organization name:							
Address (es): (Permanent location and branches)		1-					
Phone:		Fax:		E-mail:			
Contact Person/ Position:							
Total Employee Number							
Total Effective Number of Personnel (Including All Sites and Shifts):		Shift-1		Shift-2		Shift-3	
		Permanent:		Permanent:		Permanent:	
		Temporary Sub-Contr.		Temporary Sub-Contr.		Temporary Sub-Contr.	
		Part-Time Sub-Contr.		Part-Time Sub-Contr.		Part-Time Sub-Contr.	
Total							
Number of Site(s): (Permanent, temporary and virtual site):							
Site Address (es) and activity: (*Temporary site: Worksite of activity for a finite of time, *Virtual site: On-line environment as per scope)		Temporary sites -activity/operation:			Virtual sites –activity/ operation:		
		1-			1-		
Outsourced Processes: (that will affect conformity to the requirements):		1-					

Requested Management System			
<input type="checkbox"/>	ISO 9001:2015	<input type="checkbox"/>	ISO 14001:2015
<input type="checkbox"/>	ISO 22000:2005	<input type="checkbox"/>	Other.....

The Scope of The Management System Requested to be Certified:
Denote the <u>not applicable</u> clauses of ISO 9001:2015, ISO 14001:2015 standards, if exist:
Please provide information about any legal regulations that you are obliged to abide by:
Additional information for related management systems (ISO 9001/ISO 14001/ISO 22000/ISO 45001):
<ul style="list-style-type: none"> For ISO 9001 / Please provide detailed information about your processes, operations and effects.

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<ul style="list-style-type: none"> • For ISO 14001 / Please provide information about your important environmental aspects.
<ul style="list-style-type: none"> • For ISO 22000 / Please provide your HACCP Plan numbers and general information about their contexts.
<ul style="list-style-type: none"> • For ISO 45001 / Please provide information about the incidents if you faced with within last 3 years.
<p>If you obtained any consultancy services, please provide information about its content and provider.</p>

For integrated management systems, please provide information about total integration percentage via the information below	
Integrated Management System Review, business strategies and plans (20%)	
Integrated internal auditing (20%)	
Integrated documentation structure including work instructions (20%)	
Integrated system processes (10%)	
Integrated policies and objectives for each standard (10%)	
Integrated improvement mechanism (Corrective and preventive actions, continual improvement) (10%)	
Integrated management support and responsibilities (10%)	
Total Integration Percentage (%)	

The signature of the authority:	Date:
<p style="text-align: center;">(DIRECTOR NAME)</p>	

*Please attach the organization chart with this form, if exists.