

F101 – ISO Application Form

RESET FORM

General Information – Please Read

1. In order to prepare customized quotes, please provide us with as much detail as possible by completing all sections of this Certification Request for **ISO Management System Certification Scheme**.
2. Please contact Trans Certification International Sdn Bhd as in case you wish further clarification to potential questions. The address details are marked at the top of this document.
3. In case current space is not sufficient please use additional sheets where necessary.
4. Trans Certification International and all affiliate local offices will keep all information relating to your organization/company confidential. Furthermore, no information will be disclosed to any third party except that required by law or by Trans Certification International's accreditation bodies.

LEGAL OFFICE INFORMATION *(To be filled by client)*

Name of Organization:	
Legal Form of the Company:	
Head Office Address:	
Site Address (if any):	
Organization Processes & Operations:	
Organization Functions:	
Phone no:	
Fax:	
Email:	
Website:	
Scope of Certification to Apply:	

PERSON IN CHARGE OF ISO CERTIFICATION *(To be filled by client)*

Name of Contact Person:	
Position:	
Address:	
Phone no:	
Mobile Phone no.:	
Fax:	
Email:	

Please provide a summary of your operation below. (To be filled by client)

Standard and Normative Document to be Used	<ul style="list-style-type: none"> • ISO/IEC 17021 – Part 1, Part2 , Part 3 , Part 9 and Part 10 • ISO 9001:2015 • ISO 14001:2015 • ISO 45001:2018 • ISO 37001:2016
Type of Management System to be Certified:	<input type="checkbox"/> ISO 9001:2015 – Quality Management System <input type="checkbox"/> ISO 14001:2015 – Environmental Management System <input type="checkbox"/> ISO 45001:2018 – Occupational Health & Safety Management System <input type="checkbox"/> ISO 37001:2016 – Anti Bribery Management System
Effective Date of Management System in Organization:	
Have your organization engaged the services of a consultant to develop any ISO management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please state type of scheme(s) and the name of the consultant;
Have you obtained any other ISO management system certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please state type of scheme(s) and certification body(ies);
Please specify if your organization has outsourced activities/processes:	

Please specify number of sites, including main site, to be included in the certification: *Please add more sites, if available.	a. Main site:
	b. Address:
	c. No. of employee (s)
	Exposed personnel / department: <i>only for ABMS certification</i> *Please refer Annex I for definition of exposed personnel e.g: Procurement: <No of staff> Sales & Marketing: <No of staff> Operation: <No of staff>
	Other staff / department: <i>only for ABMS certification</i> e.g: Engineering: <No of staff> Information & Technology: <No of staff>
	Total employee: <i>for other schemes</i>
	d. Working Hours
	i. Full Time <input type="checkbox"/>
	ii. Shifts <input type="checkbox"/>
	iii. Specific Time:

ANNEX I: Definition of Exposed Personnel/Department

The details in table below are developed to provide sufficient information regarding exposed personnel/department that may become ideal targets for bribery and corruption, because they have vital information and services to offer.

No.	High Risk Personnel/Department	Source of Threat	Level of Integrity
1.	Purchasing	False claim, Kickback payment	Major integrity issues exposed
2.	Sales & Marketing	Sales executive risk of soliciting/promising giving gratification, Sales under pressure of giving bribe to reach sales target	
3.	Human Resources/Operation	Solicit and receiving gratification to secure a job	
4.	Finance	Supplier to bribe finance to release payment that are undue, Debtors to bribe finance to write off their debt and share certain percentage with the finance, False accounting	
5.	Procurement/Tender/Contracting	Conflict of interest and corruption in the evaluation process. Eg.: Manipulate the process for awarding contracts, Falsify documentation to disguise contracts awarded	

CONSENT

<p><i>I declare that I have read the information contained in the document. Whereas, as indicated in the above-mentioned document, I declare all the information are correct at the time being.</i></p> <p><input type="checkbox"/> I consent <input type="checkbox"/> I do not consent</p>	<p>Place and Date</p>
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APPLICATION REVIEW

ONLY FOR TRANS CERTIFICATION INTERNATIONAL

1.0 Information of Client

Satisfactory	Yes	No
Company Name	<input type="checkbox"/>	<input type="checkbox"/>
Address, Phone No, Email	<input type="checkbox"/>	<input type="checkbox"/>
Contact Person Information	<input type="checkbox"/>	<input type="checkbox"/>
Employee Information	<input type="checkbox"/>	<input type="checkbox"/>
Client Operation	<input type="checkbox"/>	<input type="checkbox"/>
Business Sector Industrial Code (NACE Code)	NACE: DIVISION:	GROUP:

2.0 Information of the Systems

Satisfactory	Yes	No
Operation(s) to be certified is clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>
Scope to be certified is defined?	<input type="checkbox"/>	<input type="checkbox"/>
Standard and Normative Document use is correct?	<input type="checkbox"/>	<input type="checkbox"/>

3.0 Known Differences with the Client

3.1 Any Non Conformities raised on Previous Certification?

- NA
- No NC
- NC **Please state specific numbers*
 - Major
 - Minor

3.2 Expected Audit Date:

Audit Locations:

- Peninsular
- Sabah
- Sarawak

Language:

- English
- Malay

Any potential of conflicts of interest?

- Yes
- No

4.0 Final Approval	
Does CB have competency and capability to perform the audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please clarify reasons:
Availability of competent auditor(s) to perform the audit	Name of Auditor: Business sector industrial code: <i>please specify</i>
Expected Audit Date:	Stage 1 : Stage 2 :
Man Days MA = SA = RA =	Calculation of Mandays : Total no. of personnels = Exposed staffs + Square roots other staffs Risk Factor = <i>*obtained from risk assessment questionnaire</i> Audit durations (man-days) = No. of personnels X Risk factor <i>According to (IAF MD 5:2019) Issue 4, Version 2 - ANNEX A QUALITY MANAGEMENT SYSTEMS Table QMS 1 Quality Management Systems:</i> On-site audit durations (man-days): Stage 1 (mandays): Stage 2 (mandays):
No. of Cert (s)	1
No. of sites to certified	1
Comment & Date of reviewed from Scheme Coordinator	Approval of Application: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please specified reasons: Date:

Prepared By:
Date:

Reviewed By:
Date: