



## **Accreditation Board For International Standards**

### **APPLICATION FOR ACCREDITATION / EXTENSION OF SCOPE FOR MANAGEMENT SYSTEMS CERTIFICATION BODIES**

You may require about 10-15 minutes to fill in this form.

#### **PART 1 – ORGANISATION DATA**

##### **1. Organisation**

**Name of Company:**

**Address:**

**Contact Person:**

**Tel:**

**Email:**

**Designation:**

**Fax:**

**Website:**

\* Business Reference No:  
(Please attach a copy of business certificate)

\*Date of Registration:

**\*Company registered as:**

- Sole Proprietorship  
 Partnership  
 Private Limited  
 Others (please specify):

**\*Registered Business Activity:**

**\*Business Activity Currently Offered**

**\*Describe the relationship with other parts of a larger corporate entity, if applicable**

\* for all new applications and only when there are changes for application for extension of scope.



## Accreditation Board For International Standards

### **PART 2 – APPLICATION DATA**

#### **1. Type of accreditation sought**

- Quality Management System (QMS)
- Quality Management System – Medical Devices
- Environmental Management System (EMS)
- Occupational Safety and Health Management System (OSHMS)
- HACCP Based Food Management System (HACCP based FMS)
- Food Safety Management System (FSMS)
- Information Security Management System
- IT Service Management

Others

#### **2. Scope of accreditation sought**

The scope of accreditation of a certification body is normally defined in terms of products or services. Accreditation indicates that the body is accredited to certify conformance to ISO 9001 (QMS), ISO 14001 (EMS), ISO 22000 (FSMS), (OSHMS), ABIS HACCP Document No. 2 (HACCP based FMS) and/or of the management systems of organisations of the stated products or services.

**Please state below the scopes of accreditation sought for (to attach separate sheet if space is not sufficient).**

**Please enclose a list of companies certified within the scope of accreditation sought for (to attach separate sheet if space is not sufficient).**

#### **3. Resources**

##### **a. Full Time Staff**

**Total number of staff:**

**Number of management staff:**

**Number of auditors:**

**Number of administrative staff:**

##### **b. External Staff**

**Number of auditors:**

**Others, if applicable:**



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### **4. Other accreditation**

List the other accreditation bodies which have awarded accreditation to your organisation (for scope applied).

1.	
2.	
3.	
4.	
5.	

### **5. Non-conflict of interest**

Indicate whether there is any potential conflict of interest/conflict of interest by related bodies and/or members of your organisation's board or other committees.

Yes  No

If Yes, provide details (to attach separate sheet if space is not sufficient)

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## **PART 3 – VALIDITY OF APPLICATION & APPLICATION FEE**

1. This application is only valid for 2 years. If an applicant is not able to obtain accreditation within 2 years from the date of this application, a new application form and fee have to be submitted.
2. The fee payable is \$2000.00 for each Scheme
3. Cheque(s) shall be crossed and made payable to Accreditation Bodies For International Standards
4. Please forward the complete application form to [accreditation@abisonline.org](mailto:accreditation@abisonline.org)



## **Accreditation Board For International Standards**

### **PART 5 – SUBMISSION CHECKLIST**

1. Please ensure that the following documents are submitted together with the application form:

- Corporate documents to prove its legal entity (for all new applications and only when there are changes for application for extension of scope)
  
- Quality manual and relevant documents which provide a description of the quality system of the certification body according to the requirements of the following documents, where applicable:
  - ISO/IEC 17021 and applicable mandatory documents (*for Management Systems*)
  - ISO/TS 22003 (*for FSMS*)
  - ABIS 01– Terms and Conditions for Accreditation (*for all schemes*)
  - ABIS CT 01 – Accreditation Process for Certification Bodies (*for all schemes*)
  - ABIS CT 02 –
  - Criteria for Certification Bodies’ Auditors (OSHMS)

### **PART 6 – DECLARATION**

1. The certification body named above applies for accreditation for the scope set out in this application. I declare that the information on this form and any other information given in support of this application are correct to the best of my knowledge.
  
2. I have read the Council's Terms and Conditions and criteria, and undertake that the certification body will comply with these requirements if this application is granted.
  
3. I undertake that the certification body will pay all fees due to the Council, whether or not accreditation is granted.

**Signature:**

**Name:**

**Designation:**

**Date:**

Note: Scan this last page separately for email.