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| A picture containing drawing, umbrella  Description automatically generated | **APPLICATION FOR APPOINTMENT AS ASSOCIATE PARTNER** |

Kindly provide the following details correctly to evaluate your organisation for meeting our criteria.

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| 1.
 | Organisation Name and Address/ web-address |  |
|  | Contact Person |  |
|  | Contact No. |  |
|  | Email |  |
|  | Any laws & Regulations related to the certification services? |   |
|  | What are your current services or business activities?  |  |
|  | How long you have been into this business? |  |
|  | Any contract with other certification body (ies)? |  |
|  | Target Certification Schemes  | QMS/ EMS/OHSAS /EnMS/FSMS |
|  | Do you have qualified auditors? |  |
|  | How many client/certificates you are targeting ? | Year 1 |  |
| Year 2 |  |