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|  | **APPLICATION FORM****FOOD SAFETY MANAGEMENT SYSTEM** |
| [ ]  Initial Certification [ ]  Recertification [ ]  Transfer of Certification |

|  |  |
| --- | --- |
| Organization Name |  |
| Address Head Office |  | Website: |
| Site Address(s) including branch offices |  |
| Name of the Top Management |  |
| Primary Contact Person | Name:  |
| Mobile/ Tel: |
| E-mail: |
| Standards | [ ]  ISO 22000:2018 [ ]  HACCP |
| Statement of Scope of Certification | [Please describe the products/services of the organization, for e.g. Purification, Processing, Filling & Distribution of Drinking Water or Purchase, Receiving, Storage, Re Packing and Distribution of Fruits and Vegetables]  |
| Total Employees  |  | No of shifts: |
| Employee Details |  | Full Time | Part Time |  | Full Time | Part time |
| Design:  |  |  | Store: |  |  |
| Production:  |  |  | Accounts: |  |  |
| Sales: |  |  | Others: |  |  |
| Purchase:  |  |  |  |  |  |
| Outsources processes |  |
| Machinery and Equipment’s |  |
| Key Customers |  |
| Legal, Statutory requirements and compliance |  |
| Language (Written/oral) |  |
| Certified in any other system | [Attach certificate] |
| Any safety conditions for auditors | e.g. prior approvals, mask, helmet, aprons etc. |
| If you have hired services of any Consultant/ consultancy organization | Name |  |
| Address |  |
| Contact No. |  | E-mail/Web: |
| In case of Transfer from other Certification Body | Last Audit Date |  | Attach Last audit report and certificate |
| Desired date of audit | [Desired date should be the date, time and season when audit team has the opportunity to audit the organization operating on the maximum product lines, categories and sectors covered by the scope] |
| Name of HACCP Studies | 1.2.3. |
| Process / Product Lines |  |
| Other information, if any. |  |

Client Sign with company stamp

 Enclosed:

* Organization Profile
* Process flow chart
* Company Registration Certificate/Trade License