

Ceycert (Private) Limited



Application form for System Certification

Document No: CC-CS-FM-01

Issue No: 01

Revision No: 01

Revision Date: 2023-01-27

Prepared By: Manager-Certifications

Reviewed and approved by: Director

Director,
Ceycert (Private) Limited,
certifications@ceycert.com

For Official use only:

Date Submitted	
Reference Number	
Applied certification	
New/ Recertification	
Reviewed by	

Kindly complete and sign the application form and return to director@ceycert.com.

New Application Scope Extension Recertification

A. General Information

1. Name of the applicant organization:

2. Address (Head Office) :

3. Contact Number:

4. Contact Email:

5. Contact Person of the Organization:

a. Name: _____

b. Designation: _____

c. Contact Email: _____

d. Contact Number: _____

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e. Alternate contact person's details

i. Name:

ii. Designation: _____

iii. Contact Email:

iv. Contact Number:

6. Number of sites:

7. List the sites if more than 1 (Please add rows as required)

8. Legal Status of the organization:

a. Registration Number:

b. Registered Authority:

B. Information about Applicable location/s for certification

1. (Please include the physical locations (subsidiaries, branches, sites, warehouses etc.) registered under the Applicant Organization which are to be included in the certification. If required, please attaché a separate sheet)

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Name & Address of Location/s/Site	Contact number/ email if it's different from Section A : 3,4	Total effective number of employees <i>(employees involved within the scope of certification)</i>	Number of shifts and time

2. Is remote Audit of site/s/Locations from the office possible?

C. Product/s / Service/s Information

1. Name all the products/services are produced by the organization:

2. State all process lines and the location/s:

Process Line	Location

3. Describe the scope for certification:

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4. State any of the products/services which has been outsourced:

5. State any of the products/services which are excluded from the scope of certification:

6. Total number of HACCP studies (as per ISO 22003:2013):

7. Please state the numbers of CCPs (For HACCP certification)

D. Scheme and Type of Certification

1. Certification Scheme applied for: ISO 14001:2015 / ISO 22000:2018 / ISO 45001:2018 / ISO 9001: 2015 / ISO 50001:2018 / HACCP Codex Alimentarius/ HACCP SLS 1266/ GMP

2. System developed by: External/ Internal Party

a. If external party; name of the organization/consultant:

3. Type of certification: New Certification / Recertification

a. If Re-certification:

i. Date of first certification:

ii. Validity period of previous certification:

iii. Scope of previous certification:



iv. Major changes are done in the management System during the previous year (if any):

Three horizontal lines for text input.

E. Documented Information

Please submit copies of the following documents along with the filled Application

- 1. ISO 22000:2018
a) Scope of the FSMS of the organization
b) Food safety policy and objectives
c) Prerequisite programs and HACCP related documents
2. HACCP Codex Alimentarius/ HACCP SLS 1266
a. HACCP Plan/ Analysis
b. Policies and Procedures in place
3. ISO 9001: 2015
a) Scope of the organization and justification for any exclusion
b) Documented information to support the operation of processes of the organization
c) Quality Policy and Objectives
d) Operational planning and control
4. ISO 14001:2015
a) Scope of the Environmental Management System
b) Environmental policy and objectives
c) Operational planning and control
d) Environmental guidelines that comply with the procedures
e) Actions to risks and opportunities
5. ISO 45001:2018
a) Scope of the OH&S Management System
b) OH&S Policy & objectives
c) Assessment of OH&S risks & opportunities
d) Operational planning & control

F. Legal Obligations

Indicate the legal obligations to be abide by the applicant company.

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G. Declaration by the Applicant

1. I am/We are fully informed and agree with the contents of the terms and conditions of Ceycert (Private) Limited ;
2. Should any initial inquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay mutually agreed upon costs involved prior to the grant of the Certificate.
3. I/We will not hold liable either Ceycert (Private) Limited or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signature :

Name :

Designation :

For and on behalf of

[Name of the Applicant Organization]

Signed at

on this _____ day of _____ 20_____