



EAJAS Application Form

APPLICATION FOR CERTIFICATION BODY



Euro American Joint Accreditation System

NOTES FOR COMPLETING THIS FORM

- 1 Read the form carefully before filling it in.
- 2 Please fill in with black or dark blue pen.
- 3 Photocopies of sample certificates supporting your application and your Terms & Conditions must be supplied with the completed form
- 4 You should confine your remarks to this form, but you may include an organisation structure if you wish to show your relationship to other organisations connected to your business.
- 5 An application form for accreditation cannot be accepted unless it is accompanied with the full application fees.
- 6 When completed, this document must be sent to The Administration Manager of EAJAS. Photocopies of sample certificates should also be included.
- 7 In submitting this application the applicant agrees to abide by the terms and conditions of EAJAS, amended if appropriate, if a contract is entered into.



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PART 1: ORGANISATION INFO

This section to be completed for applications for:

1) Pre-assessment 2) Initial Assessment 3) Re-assessment

Certification Body Name	
Company Status	<input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited
Company Registration No	
Website	
Contact Number	
Address	
Scope of Accreditation	<input type="checkbox"/> QMS <input type="checkbox"/> OHSAS <input type="checkbox"/> FMS <input type="checkbox"/> EMS <input type="checkbox"/> ISMS <input type="checkbox"/> ITSM
Contact person details	
Contact Name	
Designation	
Phone	
Mail-id	
General	
Reason for EAJAS Accreditation	
Time for Accreditation	
How did you come to know about EAJAS	
Any Comments	



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PART 2: TYPE OF ACCREDITATION SOUGHT

This section to be completed for applications for:

1) Pre-assessment 2) Initial Assessment 3) Re-assessment

- | | |
|--|---|
| <input type="checkbox"/> Quality Management System (QMS) – ISO 9001 | <input type="checkbox"/> Environmental Management System (EMS) – ISO 14001 |
| <input type="checkbox"/> Food Safety Management Systems (FSMS) - ISO 22000 | <input type="checkbox"/> QMS for Medical Devices – ISO 13485 |
| <input type="checkbox"/> Hazards Critical Control Points - HACCP | <input type="checkbox"/> Information Security Management System – ISO/IEC 27001 |
| <input type="checkbox"/> Energy Management System (EnMS) – ISO 50001 | <input type="checkbox"/> Social Responsibility – ISO/IEC 26001 |
| <input type="checkbox"/> Business Continuity – ISO 22301 | <input type="checkbox"/> Customer Satisfaction – ISO/IEC 10002 |
| <input type="checkbox"/> Information Technology Service Management System | <input type="checkbox"/> Occupational Health and Safety Management System |
| <input type="checkbox"/> Good Manufacturing Practices | <input type="checkbox"/> CE Marking |

PART 3: RESOURCES FOR AUDITING

This section to be completed for applications for: 1) Pre-assessment 2) Initial Assessment 3) Re-assessment

Accreditation Schemes	No of Permanent Auditors	No of Empanelled Auditors
Quality Management System		
Environment Management System		
Occupational Health and Safety Management System		
Information Security Management System		
Food Safety Management Systems		
Hazards Critical Control Points		
Information Technology Service Management System		



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PART 4. ORGANISATIONAL DATA

This section to be completed for applications for:

1) Pre-assessment 2) Initial Assessment 3) Re-assessment

Role	Person Name	Employee/Contract	Months of Experience
Managing Director			
Certification Manager			
Chair of Impartiality Committee			
Administration Manager			
Audit Manager			
Management Rep' for Quality			

Note: Full CV and evidence of knowledge, skills and competence will be required for the above, and other key persons. Add a separate organisation diagram.

PART 5: CONFIRMATION IN ORDER TO BE ACCREDITED

This section to be completed for applications for: 1) Pre-assessment 2) Initial Assessment 3) Re-assessment

Information to be submitted prior to document review is as follows:	Yes/No
Have you completed all sections in the above form inserting N/A (Not applicable), if appropriate?	
Do you confirm that you are not involved with consultancy?	
Have you provided proof of legal identity? i.e (i) Articles of Association (ii) Memorandum of Association (iii) Government documents confirming status.	
Have you enclosed a cheque or arranged the payment for accreditation fee?	
Do you accept that your application and payment of administration fees, which are non-refundable, do not guarantee that accreditation will be achieved	
Have you provided a Copy of the Management System Documentation (Quality Manual and associated procedures)	
Have you provided a Detailed CV of applicant personnel seeking recognition as Nominated Representative	



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PART 6 : DECLARATION BY THE APPLICANT

The Entity's director / representative with authority to commit the applicant to the requirements for accreditation should sign this form for and on behalf of the Entity

The Applicant identified below hereby applies to EAJAS to assess the Entity for its eligibility to be accredited to provide services specified in this application, having regard to relevant accreditation criteria and any other conditions or factors that EAJAS considers to be relevant.

The Applicant acknowledges that it has read and understands the EAJAS Terms and Conditions for Accreditation available on the EAJAS website www.ea-jas.com, and agrees to comply at all times, during the currency of the application made herein and any resulting accreditation, with the EAJAS Terms and Conditions for Accreditation as the same may be substituted, amended, supplemented or varied by EAJAS after the date of this application.

The Applicant notes the fees set out in the EAJAS Fees Document and agrees to pay all fees associated with the accreditation as invoiced. I understand the manner in which the accreditation system operates and functions. EAJAS does not accept any responsibility for the actions or the results of any actions of an accredited entity.

I have verified and declare the information given in this application are correct to the best of my knowledge and belief. I undertake to inform EAJAS immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to EAJAS timeously.

Signed for and behalf of the Entity	
By: Director / Authorised Representative	
Designation / Position	
Signature	
Date	

PART 7 : FOR EAJAS OFFICE USE

Field Manager Review of Application

Application complete and all relevant information and documentation received	
Signature	
Date of receipt of completed application	
Remarks	