

### Company Details

Name of Company		
Relationship in a larger corporation/group of companies, if any		
Chief Executive/MD		
Contact Person/MR		CNIC of contact Person / MR
Address		
NTN/FTN (as applicable)		
Sales Tax Registration No.		
Ph. No/Fax		
Email / Web Address		

### Process Activities

Describe Final Product(s) /Service(s) (Scope of Work) (For GDPMD, follow Medical Device Rules 2015 by DRAP)	
Process Description	
Significant Aspects/Hazard Analysis/ Halaal Risk/ and No. of HACCP studies (If Applicable) (Attach separate sheet if required)	
Safety Conditions (If Any)	
Views/Reports of interested parties (If any)	
Applicable Legal / other Requirements (If Any)	
Raw Materials & Technical Resources	
Out Sourced Processes (If any) Please specify extent of outsourcing with respect to scope	
Holding any other Certification (e.g. ISO 9001) Certificate Validity Date	
Transfer Certification (If Any) Specify reason	

<b>Client Type</b>	Initial Certification <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>	Change in scope <input type="checkbox"/>
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### Certification Scheme (Tick)

Accredited

Non Accredited

ISO 9001 QMS <input type="checkbox"/>	ISO 14001 EMS <input type="checkbox"/>	IMS (ISO 9001, 14001.....) <input type="checkbox"/>	ISO 45001 OHSMS <input type="checkbox"/>
HACCP <input type="checkbox"/>	ISO 22000 FSMS <input type="checkbox"/>	PS 3733 HFMS (Halaal) <input type="checkbox"/>	ISO 27001 ISMS <input type="checkbox"/>
GDPMD <input type="checkbox"/>	Any Other Please specify		

**Site Details**

No of Sites: \_\_\_\_\_

Sites Sr. #	Site Address	No of Employees	Nature / Scope of Work	No of Shifts

Use extra sheet for more sites

**Personnel Details Shift Wise:**

Site #	Shift Detail / Timings	No of Persons	Site #	Shift Detail / Timings	No of Persons

Temporary Unskilled Personnel		No of person doing identical jobs (transport, cleaning, assembly lines, etc).	
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**Personnel Details Department Wise**

Department	No of Employees	Department	No of Employees
Production / Services		Quality Assurance/ Quality Control	
Human Resource / Admin		Sales/Marketing	
Other (Maintenance, Store etc)		Any other function	

**Consultancy Company and Name of consultant (If any for last 2 years)**

**Expected Duration for Audit Preparation**

**Certificate of Business Registration No. (e.g. Security Exchange Commission Pakistan) if any**

**For Applicants of Information Security Management System Certification (ISMS ISO/IEC 27001) only:**

Are all sites operating under the same ISMS, which is centrally administered and audited and subject to central management review?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all sites included within the client's internal ISMS audit programme?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all sites included within the client's ISMS management review programme?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of sites and number of Disaster Recovery sites (Availability Requirements)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Access to organizational record ISMS document/record cannot be made available at the time of audit (If any) If yes please provide details (use extra sheet if required) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Status of ISMS Implementation Is ISMS documented & implemented ISMS (ISO/IEC27001) & other documents required for certification Please state other documents required for ISMS certification	<input type="checkbox"/> YES <input type="checkbox"/> NO
Internal Audit conducted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Management Review conducted	<input type="checkbox"/> YES <input type="checkbox"/> NO
IT infrastructure complexity Low = Few or highly standardized IT platforms, servers, operating systems, databases, networks, etc. Medium = Several different IT platforms servers, operating systems, databases, networks, etc. High = Many different IT platforms servers, operating systems, databases, networks, etc. (Tick relevant)	<input type="checkbox"/> Low  <input type="checkbox"/> Medium  <input type="checkbox"/> High

**For Applicants of Halaal Food Management System HFMS (PS 3733) only:**

<b># of Processing Lines</b>		<b># of Halaal Studies</b>	
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**Brands/Raw Materials & Ingredients**

S. No	Product (Brand) Name	Raw Materials/Ingredients/Additives	Suppliers	Either Supplier Providing Halal Certified ingredients/ Raw materials
1		1)	1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
		2)	2)	
		3)	3)	
		4)	4)	
		5)	5)	
2		1)	1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
		2)	2)	
		3)	3)	
		4)	4)	
		5)	5)	

Use extra sheet if required (CeSP keeps all information confidential), Please attach company profile (if available)

**Company Authorized Representative**

Applicant Name:	Designation:
Signature:	Date:                      Location/Place:

Once completed application is received a Quotation/Service Agreement describing cost of 3 year certification cycle will be issued.

**CeSP Authorized Representative (For CeSP use only)**

Name:	Designation:
Signature/Date	Recommended for Application Review Yes <input type="checkbox"/> No <input type="checkbox"/>  Remarks (if not recommended)
Final Approval (After Application Review)	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks (If not approved)
Application No:	

<b>Certification Services Pakistan,</b> House No. 111, Street No. 49, F-11/3, Islamabad, Pakistan Email: <a href="mailto:info@cesp.com.pk">info@cesp.com.pk</a> Phone: 051-8438844-5                      Fax: 051-4865360
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