



Certification Application

Frm- QP 08.1  
Rev: 03  
Eff date: 03 Feb 2025

Developed by	Certification Manager	Approved by	Managing Director
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**Guidance Notes:** On receipt of this completed questionnaire, NST Total Compliance will prepare and submit a *no-obligation* proposal detailing the assessment, certification and other costs. Proposals generated will be valid for 90 days from the date of issue.

If you are an existing client applying for an Extension of Scope, please indicate additions only, i.e., additional sites, activities, etc. in the relevant sections. Please return via email: [info@nst-tc.com](mailto:info@nst-tc.com)

**Please attach the following additional documentation:**

Management System Manual, Organisational structure, Company profile, CIPC, copy of the SAPHRA Licence, Medical device classification (For Medical Devices Only)

Organization's Details				
Company Name		CIPC No.		Vat No.
Physical Address	Street name and number, Business Park name			
	Town / City		Suburb	
	Postal /Zip Code		Country	
Contact Details	Contact person		Cell no.	
	Email address		Landline	
	Web Site			

**Please note:** Please complete the following sections:

**Section 1:** Technical Requirements and Compliance Obligations per Scheme/Standard – to be completed on extension of scope, initial application and Recertification audit

Application Type	New Client: <input type="checkbox"/>	Transfer: <input type="checkbox"/>	Extension of scope: <input type="checkbox"/>	Single site: <input type="checkbox"/>	Multi-site: <input type="checkbox"/> <i>Complete sites under section 3</i>
ISO 9001: <input type="checkbox"/>	ISO 14001: <input type="checkbox"/>	ISO 45001: <input type="checkbox"/>	ISO/IEC 27001: <input type="checkbox"/>	ISO 13485: <input type="checkbox"/>	ISO 20000-1: <input type="checkbox"/> Other: <input type="checkbox"/>
Mandatory Information needed to calculate audit man-days as per IAF (International Accreditation Forum)					
Full Description of Business Scope					
Number of office/admin employees			Does the company operate in shifts?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Number of Production/Operation Employees			One shift: <input type="checkbox"/>	Two shifts: <input type="checkbox"/>	Three shifts: <input type="checkbox"/>
Does the company have employees that perform repetitive tasks? If yes, how many?			Number of non-permanent (seasonal, temporary, sub-contractors, contracted personnel) and part time personnel		
Is the client sector classified as? Please select the risk			Low: <input type="checkbox"/>	Med: <input type="checkbox"/>	High: <input type="checkbox"/> No. employees in high-risk areas
Please indicate if you have implemented a management system			Yes <input type="checkbox"/>	If yes, is the system running longer than 3 months Yes <input type="checkbox"/>	
Please select audit frequency required		Bi-annual Audits <input type="checkbox"/>	Annual Audits <input type="checkbox"/>	Audit date	
Management review date		Internal Audit date	If Major Hazardous Installation Exposure time:		
Consultant used to design and establish the system?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Consultant details:	
Will any other language other than English be necessary?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Please specify:		
Do you have any outsourced activities: if "Yes" list		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	if "Yes" list:		
List all products/services related to regulatory requirements					
Applicable to all other Management System Standards					
ISO 9001: <input type="checkbox"/>	ISO 14001: <input type="checkbox"/>	ISO 45001: <input type="checkbox"/>	ISO/IEC 27001: <input type="checkbox"/>	ISO 13485: <input type="checkbox"/>	ISO 20000-1: <input type="checkbox"/> Other: <input type="checkbox"/>
Applicable legislation		Significant Aspects	Hazards	Applicable licences/Authorisation(where applicable)	



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**Section 2: Existing Certification, Transfer of Certification, Extension to Scope (only)**

Existing Certification, Transfer of Certification, Extension to scope							
Existing certification	Are you Certified?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Certification body name			
	Date of last audit			Date of certification			
Transfer of current certification	Would you like to transfer your current certification cycle?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For a transfer, please attach a copy of your current valid certificate as well as a copy of all your current certification cycle audit reports; all non-conformances must be closed.							
<b>Changes</b>	<b>Please select below:</b>						
	Name Change/Director's ( <i>Attach CIPC document</i> )						
	Change of physical address						
	or scope adjustment						
	New processes introduced into the company's scope						
	Please specify:						
Additional staff members							

**Section 3**

Please list the temporary sites/other sites to be included				
Sites	Physical Address, Province and Postal Code	Number of staff		
<b>For Multi-site:</b> The Central office / HO will be audited every year and the sites sampled during the 3-year cycle. All sites will be covered in the 3-year period.				
No.	Site details	Total employees	biggest shift Employees	Repetitive Work-list processes
Site 1				
Site 2				
Site 3				
<i>More than 4 sites - Please supply details in a separate document. Where sites are based in countries outside of South Africa, please indicate language preferences. Where site processes differ from head office, please indicate on a separate document.</i>				
<b>Please list the temporary sites to be included:</b>				

Responsible person	On behalf of the client	Received by
Name of the person who completed this questionnaire		
Signature		
Date		

**NB: Ensure scheme requirements are completed where applicable before approval, and supporting documents are attached**  
*XXX Change of ownership or address, an audit is required and Technical Review ( Refer to QP08 & 09)*

For office use only:			
Application accepted	Yes	<input type="checkbox"/>	No
	If No, state reason:		
Recommended scope of certification			
Signature			
Date			