



ISO 13485 APPLICATION FORM

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## THANK YOU FOR CHOOSING JCA

We believe in building trusted relationships through exceptional service and appreciate the opportunity to quote on your ISO/SANS certification requirements. We hope this marks the beginning of a long and fruitful partnership.

### SECTION 1

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#### Kindly tell us more about your organisation

Company Name

Registration Number

VAT Number

Physical Address

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Telephone Number

#### Authorised Representative Details

Representative Name

Designation/Title

Email Address

Contact Number





If yes, specify :

Any additional information :

SECTION 3

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**Transfer of Certification** *(only applicable for transfer of certification)*

Current certification body :

Transfer planned with current certification cycle  Transfer planned at recertification

Recertification date :

Reasons for transfer :

**■** Please provide certificate and audit reports from previous audits (including non-conformances) with previous certification body.

SECTION 4

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Are all functions centrally managed by head office? Yes  No

How many sites will be certified in total:

**Head Office** *(Main Site)*

Site Address

Effective personnel

SAHPRA License : Yes  No

SAHPRA License Number :

License Type / Activities: Manufacturer   
Distributor   
Wholesaler

Medical Device Category

Class A  Class B  Class C  Class D

Multi-Site

No.	Site Address	Effective Personnel	SAHPRA License No.	Activities/Scope	Device Category
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Thank you for taking the time to complete our application form

SUBMIT

Our team of medical device experts will gladly assist with any further information or guidance required



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