



ISO APPLICATION FORM

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 \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Representative Details

Representative Name \_\_\_\_\_

Designation/Title \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Number \_\_\_\_\_



### Required Standards

ISO 9001   
  ISO 14001   
  ISO 45001   
  ISO 39001   
  ISO 27001

### Type of Application

Initial Application   
  Extension of Scope   
  Recertification   
  Transfer of Certification

## SECTION 2

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### Management System Information

Does the company have any of its processes outsourced?      Yes       No

If yes, specify :

Is the company certified to any other standard?      Yes       No

If yes, specify :

<input type="checkbox"/> RTMS SANS 1395-1	<input type="checkbox"/> ISO 22000
<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 13485
<input type="checkbox"/> ISO 14001	<input type="checkbox"/> ISO 3834
<input type="checkbox"/> ISO 45001	<input type="checkbox"/> Other: <input type="text"/>

Are systems integrated?      Yes       No

Did the company use a consultant?      Yes       No

If yes, specify :

### Audit Scope & Company Processes

Audit Scope :

Target date for audit :

Products/Services Provided :



Subcontracted Activities :

Language used during audit :

Translator required for the audit : Yes  No

Any specific cultural requirements : Yes  No

If yes, specify :

Any additional information :

Additional Standards Required:

RTMS       ISO 13485       ISO 3834       ISO 22000

SECTION 3

**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

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

Site Address :

Effective personnel :

Are all functions centrally managed by head office? Yes  No

How many sites will be certified in total:

## Multi-Site

No.	Site Address	Effective Personnel
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Thank you for taking the time to complete our application form

SUBMIT



Form submitted successfully. Thank you for your response

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



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