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| **A. APPLICATION FOR** | | |
| **FSSC 24000 Certification** | **FSSC 24000 Recertification** | **FSSC 24000 Transfer** |

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| **B. ORGANIZATION** | | | | | | |
| **Name of Organization[[1]](#footnote-1)** |  | | | | | |
| **Head Office** | Address: |  | Zip Code: | |  |
| City: |  | Province: | |  |
| Country: |  | Website: | |  |
| **Legal or official company registration number[[2]](#footnote-2):** |  | | | Year of Establishment |  | |

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| **C. CONTACT PERSON** | | | |
| **Name:** |  | Function: |  |
| **Direct Phone:** |  | E-mail: |  |
| **Address (if different):** |  | | |

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| **D. SCOPE OF CERTIFICATION** | | | |
| **Sector[[3]](#footnote-3):** |  | IAF Code[[4]](#footnote-4): |  |
| **Scope of Certification:** (Describe the activities carried out by the organization to be covered by the certification) |  | | |
| **Exclusions  from Scope:**  (Specify if there are any parts of your organisation requested to be excluded from the scope of certification.) |  | Exclusion Justification: |  |

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| **E. SITES TO BE CERTIFIED (Select the applicable option)** |

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|  | E1. SINGLE SITE ORGANIZATION | | | | |
| **Site to be certified** (Name and full Address) | | No of Personnel [[5]](#footnote-5) | Shifts | Size (m2) | Processes |
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|  | E2. ORGANIZATION WITH MULTIPLE FUNCTIONS ACROSS MORE THAN ONE SITE | | | | |
| **Site to be certified** (Name and full Address) | | No of Personnel 5 | Shifts | Size (m2) | Processes |
|  | |  |  |  |  |
| **Head Office/Corporate Functions located on the same premises as the site?** | |  | Yes | No | If No, please specify the address: |
| **Which functions are performed by a separate Head / Corporate Office, different than the Site to be certified?** (Controlled by a Head Office or a central function as part of the same entity or by a corporate office that is part of the same larger organization) | | No of Personnel Involved | Yes | No | Processes |
| Top Management | |  |  |  |  |
| System Documentation and System Changes | |  |  |  |  |
| Management Review | |  |  |  |  |
| Grievance Management | |  |  |  |  |
| Evaluation of corrective actions | |  |  |  |  |
| Internal audit planning and result evaluation | |  |  |  |  |
| Management of statutory and regulatory requirements pertaining to FSSC 24000 | |  |  |  |  |
| Human Resources and Personnel Management | |  |  |  |  |
| Payroll | |  |  |  |  |
| Subcontractor Management | |  |  |  |  |
| Other | |  |  |  | Please specify: |
| **Off-Site Activities** | | No of Personnel 5 | Shifts | Size (m2) | Processes |
| One process split across more than one physical address, but limited to two sites, in the same country and near each other (e.g. Main site and satellite site or organization with a campus style set-up) | |  |  |  |  |
| Storage facilities | |  |  |  |  |
| Worker accommodations at another location | |  |  |  |  |
| **Off-site activities are part of the same legal entity and under the same Social Responsibility Management System?** | |  | Yes | No |  |

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|  | E3. MULTI-SITE ORGANIZATION | | | | |
| **Central Function** (Name and full Address) | | No of Personnel 5 | Shifts | Size (m2) | Processes |
|  | |  |  |  |  |
| **Sites to be audited** (Name and full Address) | | No of Personnel 5 | Shifts | Size (m2) | Processes |
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| **F. ADDITIONAL INFORMATION** | | | |
| **Relationship with other groups in the wider corporate structure:**  (List the group companies and the relationships with your organization (parent company, subordinated unit, etc.)) |  | | |
| **On-site sub-contractors**  (List all subcontracted organizations or persons that perform works and/or services, on your behalf, in any of your organization’s sites (Name, type of activity, number of personnel involved)) |  | | |
| **Trade Union contact details (if applicable)**  (Names, addresses, phone No) |  | | |
| **Labour Laws:** (List relevant applicable labour laws and regulations) |  | | |
| **Collective Bargaining Agreement:** (If applicable) |  | | |
| **Other Social Certifications and/or Audits performed within the last 12 months:** |  | | |
| **Use of Consultants:** (Specify the name of your consultant and the consulting organization used in the last 2 years for the implementation of the Social Responsibility Management System) |  | | |
| **Other aspects:**  (Specify any particular aspects which may influence the audit (e.g. need for translation, security conditions, etc.)) |  | | |
| **Pre-assessment visit required?** | Yes  No | Certification Target Date: |  |

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| **G. INFORMATION RELATED TO TRANSFER OF ACCREDITED CERTIFICATION** | | | | |
| **Current FSSC 24000 Certificate** (Please provide a copy) | Issue date: |  | Expiry date: |  |
| Issuing Certification Body: | | |  |
| **Current Certificate under validity?** (No suspension, withdrawal, etc.) | Yes | Current Certificate has the same scope as indicated in section D? | | Yes  No |
| No | Current Certificate covering the same sites as listed in section F? | | Yes  No |
| **Overview of the results of the last 2 audits** | Number of Major/Critical Non-conformities still open | | |  |
| Number of Major/Critical Non-conformities already closed by the current Certification Body | | |  |
| Number of Minor Non-conformities still open | | |  |
| Number of Minor Non-conformities already closed by the current Certification Body | | |  |
| Are all open minor non-conformities addressed by a corrective action plan? | | | Yes  No |
| **Date of the latest FSSC 24000 audit carried out** | | | |  |
| **Date of the next FSSC24000 audit planned**  (As scheduled with your current Certification Body) | | | |  |
| **Target date for the Transfer Audit** | | | |  |

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| **H. ACKNOWLEDGMENT** |
| By signing this form, the organization confirms that in the last 6 months, the organization, its directors and senior staff have complied with the regulations and therefore have not been implicated, sanctioned or convicted jointly and definitively by administrative or judicial authorities for serious or very serious reasons for any of the following acts:   * Illicit association, corruption in economic transactions, trafficking of influence, bribery, fraud, illegal exaction, offense against the inland revenue or the social security; offences against the state or against individuals; offences against freedom, against freedom of opinion, against religious or sexual orientation or expression; offences against the fundamental rights of persons; embezzlement and crime of receiving or similar conducts; special disqualification from a profession, job, industry or trade. * Prohibition to act as Director/Manager or similar. * Offences or sanctions in the employment area, against fundamental workers’ rights. * Fraudulent bankruptcy or winding-up by the court. * Ban from public contracting laws due to an administrative sanction.   The information provided in this application will be considered confidential. By sending this form it is hereby granted the permission to IQNet Ltd to use and process any included personal data, in accordance with EU Regulation 2016/679, for the purpose of communicating any information regarding the certification activities and related topics. These data shall not be used in other purposes and will not be disclosed to a third-party without the written consent of the applicant (except for accreditation purposes or when required by law). |

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| **H. ORGANIZATION REPRESENTATIVE** |
| Name, Function |
| Signature and Stamp |
| Place, Date |

*The present form is drawn up in the English language. It may be translated into any other language than English provided that, given any conflict of interpretation, the English text shall prevail.*

1. Registered legal name of the organization to be certified. [↑](#footnote-ref-1)
2. Applicable reference to legal registration such as VAT Identification No / Fiscal Code / Taxpayer Code / Business License No A copy of the Organization Registration Certificate (or an equivalent document) attesting the establishment as a legal entity and the activities performed will be provided upon request. [↑](#footnote-ref-2)
3. Please refer to FSSC 24000 Scheme document version 1.0, Part 1, Table 1. Sectors eligible for FSSC 24000 certification are limited to those specified in this section. [↑](#footnote-ref-3)
4. Please refer to FSSC 24000 Scheme document version 1.0, Part 1, Table 1. [↑](#footnote-ref-4)
5. **Please include all personnel,** including full-time, part-time, permanent, temporary, contracted workers (e.g. through labour providers), on-site subcontractors and homeworkers, which are performing work or work-related activities that are under the control of the organization. [↑](#footnote-ref-5)