



SADCAS Ref. No:	
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## APPLICATION FOR ACCREDITATION OF CERTIFICATION BODIES FOR MANAGEMENT SYSTEMS

PART 1: GENERAL INFORMATION				
<i>This form should be completed in full and returned to:</i>				
<b>Southern African Development Community Accreditation Service (SADCAS)</b>				
<b>Attention: Technical Manager</b>				
<b>Postal Address:</b>			<b>Physical Address:</b>	
Private Bag 00320 Gaborone Botswana			Plot 50369 Unit 3A, Second Floor Tholo Office Park, Fairgrounds Gaborone	
Tel: +267 3132909/ 31329/10			Gaborone	
Fax: +263 3132922			Botswana	
Email: <a href="mailto:info@sadcas.org">info@sadcas.org</a>				
<b>Please complete <u>ALL</u> applicable sections of the form in CLEAR PRINT or in type.</b>				
This form is available in electronic form. Please do not modify the form other than filling in the sections provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in completing the form, please contact SADCAS or the National Accreditation Focal Point office in your country.				
If you wish to complete and forward the form by email, please note that SADCAS does not accept responsibility for breach of confidentiality of information or for the receipt of applications. <b>All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.</b>				
Receipt of payment of the application fee shall be required prior to processing the application.				
<b>Note:</b> If you do not receive acknowledgement of receipt of your application from SADCAS or fax within four (4) weeks of dispatch you should contact the SADCAS Office. This application remains valid for one year from the date of application.				
<b>Date of Application</b>				
<b>Organization</b>				
<b>VAT Registration No. (where applicable)</b>				
<b>Contact Person</b>				<b>Title</b>
<b>Position</b>				
<b>Postal Address</b>				
<b>Physical Address</b>				
<b>Tel No:</b>		<b>Direct Tel No:</b>		<b>Fax No:</b>
<b>Mobile No:</b>		<b>Email address:</b>		
<b>Field of Operation</b>				

<b>Application for:</b> <i>(Tick as appropriate)</i>			
Initial Accreditation <i>Proceed to complete Parts 2 – 5</i>		Extension of Accreditation <i>Proceed to complete</i>	
<input type="checkbox"/>		<input type="checkbox"/>	
		<ul style="list-style-type: none"> <li>▪ Part 3 for new staff</li> <li>▪ Part 4 for new sub-scope</li> <li>▪ Part 5</li> </ul>	
Other <input type="checkbox"/>		<i>(Please specify)</i>	
Type of Accreditation sought <i>(Tick as appropriate)</i>			
Quality Management Systems (QMS) – ISO/IEC 17021-1 and ISO/IEC TS 17021-3		Food Safety Management Systems (FSMS) - ISO/IEC 17021-1 and ISO 22003-1	
Environmental Management Systems (EMS) – ISO/IEC 17021-1 and ISO/IEC TS 17021-2		Hazard Analysis and Critical Control Points (HACCP) – ISO/IEC 17021-1	
Occupational Health & Safety Management Systems (OHSMS) – ISO/IEC 17021-1		Information Management Systems (IFMS) – ISO/IEC 17021-1	
Other <i>(Please specify)</i>			
<b>PART 2: INFORMATION REGARDING YOUR ORGANIZATION</b>			
Description of the main activities of the applicant organization <i>(Please underline those activities for which accreditation is sought)</i> :			
<i>If the organization seeking accreditation is owned by another organization or is part of a larger organization or has branches/divisions at other locations, please give the following details:</i>			
Name, address and contact information (Tel, Fax, Email) of:			
<b>Parent Organization</b>			
<b>Other organizations in group/ division</b>			
Locations/sites/virtual sites where key activities are conducted			

Relationship and links between the above-mentioned organizations and the organization seeking accreditation <i>(Please describe)</i>			
What is the legal status of your organization? e.g. Pvt (Pty)/Ltd privately owned or other  (List and attach the legal instrument and other regulatory requirements applicable to your organization)			
Registration Number of Company/ Identify Number(s) of sole owner or partners			
Total number of employees in the whole organization or group of organizations		Number of employees involved in area(s) seeking accreditation	
<b><i>Please attach an organogram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.</i></b>			
Has the organization ever been accredited before? <span style="float: right; margin-right: 50px;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span> <span style="float: right; margin-right: 50px;">Yes</span> <span style="float: right;">No</span>			
If yes, state name of accreditation body:			
Does the organization have an established formal management system? <span style="float: right; margin-right: 50px;"><input type="checkbox"/></span> <span style="float: right;"><input type="checkbox"/></span> <span style="float: right; margin-right: 50px;">Yes</span> <span style="float: right;">No</span>			
If yes, state standard upon which the system is based:			
How long has this system been in operation?			
What training has been provided for the implementation and maintenance of the system			
To whom has the training been provided for?			

<b>PART 3: INFORMATION ON SENIOR STAFF</b>			
<b><i>For each staff member having responsibility for service for which accreditation is sought, please give the following details. This includes the Quality Manager and Technical Manager, where applicable.</i></b>			
<b>Note:</b> This information may be provided in any format used by the Certification Body provided all requirements below are addressed.			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			
Name		Position	
Area of responsibility		No. of staff supervised in area	
Qualifications, experience, training and competence analysis:			



<b>PART 4: SCOPE OF APPLICATION (Insert more rows or attach separate list as Annex if required)</b>							
4.1 For <b>QMS/EMS/OHSMS</b> Please indicate IAF Codes according to IAF MD 17							
EAC Code	NACE Code	Description	No. of Certifications	No of Auditors	Please tick as appropriate		
					QMS	EMS	OHSMS

4.2 For <b>FSMS &amp; HACCP</b> certification please indicate Cluster, Categories, sub-categories and included activities, as applicable, according to ISO 22003-1: 2022						
Cluster <sup>a</sup>	Category	Subcategory	Included activities	No of certifications	No of Auditors	

4.3 For <b>OTHER MS</b> certification please indicate the scope and sub-scope standard for which accreditation is sought:			
Category	Description	No of certifications	No of Auditors

<b>PART 5: DECLARATION</b>	
<b>Chief Executive Officer (CEO) or authorized official must authorize this form.</b>	
The following is enclosed <i>(please tick as appropriate)</i>	
Copy of the Quality Manual and relevant completed SADCAS checklist [SADCAS F 40 (a)] indicating where in the Quality Manual the requirements have been met	Application Fee: Transfer order placed <i>(please attach banking information on transfer)</i>
Other documentation <i>(Specify any other documents attached to the application form)</i>	
<b>NOTE 1</b>	
Documentation to be submitted prior to document review:	<b>Tick</b>
a) Duly completed Application Form	
b) Quality Management System Manual	
c) Information on	
i) Scope sectors for which accreditation is sought	
ii) Number of certifications per scope	
iii) Number of auditors for each scope	
d) Duly completed SADCAS F 43 (f) - Application for Approval of Personnel	
e) Signed SADCAS Accreditation Agreement (SADCAS F 44)	
f) Proposed assessment dates (for scope extensions only)	
<b>Note:</b> Applications for scope extensions should be made six (6) weeks in advance prior to the scheduled assessment. For scope extensions documents b), c) (i) to (iii), d) and f) apply	
<p>Upon accreditation, my organization agrees to comply with the SADCAS accreditation requirements and procedures.</p> <p>I enclose a copy of the Quality Management System Manual and duly completed SADCAS F40 (a) indicating where in the quality manual the requirements have been met.</p> <p>I enclose an <b>application</b> fee. I understand that this fee is not refundable.</p> <p>I understand the manner in which the accreditation system operates and its functions. SADCAS does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of SADCAS which may arise due to negligence related to any accreditation is limited to a refund of the annual fee payable by the organization.</p> <p>I declare that the information given in this <b>application</b> is both correct and accurate to the best of my knowledge and belief. I undertake to inform SADCAS timeously of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to SADCAS timeously.</p>	
<b>Signed and stamped</b>	
<b>Name</b> <i>(print)</i>	
<b>Position</b>	
<b>Date</b>	