

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

1. Company Information 公司資料

(IN BLOCK LETTER 請以正楷填寫)

Company Name : _____
(Same as that on Business)

Registration) _____
公司名稱 : _____
(需與商業登記/營業執照相同)

Branch / Division / Factory: _____ 分行/部門/廠房: _____

Company Address : _____
(To be printed on certificate) _____ Postal Code : _____
公司地址 : _____
(將印於證書之上) _____ 郵編: _____

Correspondence Address : _____
(if different from above) _____ Postal Code : _____
通訊地址 : _____
(如與上不同) _____ 郵編: _____

Tel 電話 : _____ Fax 傳真 : _____

E-mail 電郵: _____ Website 網址 : _____

2. Certification Audit Pre-requisite 認證審核先決條件

(For Certification Audit Only 只適用於認證審核)

- 3 months record required 需要求三個月內之記錄
- One complete internal review cycle (management review cycle) 需有一個完整的內部評審週期 (管理評審週期)

- a. Management system implementation date 管理系統執行日期 : _____
- b. Internal Audit Status 內部審核狀況 : _____
- Has been conducted 已經實施 Has not been planned yet 沒有計劃
- Has been planned and will be implemented before the Certification Audit 計劃中及將會在認證審核前執行
- c. Management Review Status 管理評審狀態
- Has been conducted 已經實施 Has not been planned yet 沒有計劃
- Has been planned and will be implemented before the Certification Audit 計劃中及將會在認證審核前執行

3. Current certificate granted by other certification body for the standard and scope of certification applied? 申請的認證標準及認證範圍是否有由其他認證機構簽發? No 否 Yes 是

If yes 如有 : Name of certification body 認證機構名稱 : _____

Certification standard 認證標準 : _____

Expiry date 證書有效期 : _____

Reason of seeking transfer 想轉移的原因 : _____

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

4. Certification Information 認證資料

Certification Status 認證性質

- Certification Audit 認證審核 Recertification Audit 覆審 Transfer Audit 轉移審核
- Conversion Audit 轉版審核
- Extension Scope/ Certification Site(s) 擴大範圍/認證場所
- Reduction of Scope/ Certification Site(s) 減少範圍/認證場所

Certification Applied 申請項目

- IMS 綜合管理體系 Yes No
- ISO 9001: 2015 (QMS 質量管理體系)
- ISO 14001: 2015 (EMS 環境管理體系)
- ISO 45001 : 2018 (OH&SMS 職安健管理體系)
- Other 其他, Please specify 請指出 _____

Please briefly describe the organization's business nature, major interested parties, key activities, human resources and major equipment/ machinery involved:

請概括描述貴公司的業務性質, 重要相關方, 主要活動, 與涉及之人力資源和重要的設備和機械:

Scope of Certification 認證範圍 (Proposed by Client 客戶建議):

(English)

(Chinese)

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

Total number of staff 職員總數 :		Number of staff involved in scope of certification* 涉及認證範圍的職員人數* :	
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*It includes all personnel involved within the scope of certification including those working on each shift, non-permanent (e.g. contractors and sub-contractors), part time personnel and those working on shifts, administrative and all categories of office staff, repetitive processes.
*此包括參與於認證範圍內的所有人員，包括每個班次的工作人員，非永久性工作人員（如承包商和分包商），兼職人員和輪班工作人員，行政人員和所有類別的辦公室工作人員及有關重複性流程。

Language Preference 語言選擇 : <input type="checkbox"/> English 英語 <input type="checkbox"/> Cantonese 粵語 <input type="checkbox"/> Putonghua 普通話 <input type="checkbox"/> Other 其他, please specify 請指出:	
<u>Employment of Consultant 聘用顧問</u> <input type="checkbox"/> Yes 有, name of consultant 顧問公司名稱 : <input type="checkbox"/> No 沒有	
<u>Any product and services related outsourcing processes 是否有跟產品和服務相關的外包過程</u> <input type="checkbox"/> Yes 有, key outsourced activities include: 外包過程包括: <input type="checkbox"/> No 沒有	
Expected date of certification audit 預算認證審核日期 :	

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

Certification Site 認證場所

(e.g. central function office, other offices, workshops, factory units, showrooms and warehouse etc. 例如中央辦公室、其他辦公室、工場、生產單位、陳列室和倉庫等)

Nature 種類 (e.g. Central Function Office / Factory / Warehouse 例如: 中央辦公室/ 工廠/ 倉庫)			
Name 名稱 (if applicable 如適用)			
Address 地址			
Tel No. 電話號碼			
Fax No. 傳真號碼			
Area 面積 (Sq.m 平方米)			
Shift 輪班	No. of shift 班數		
	Staff per shift 每班職員數		
Normal Travel Time from Hong Kong (overseas premises only) 從香港出發正常需時(只適用於海外客戶)	Vehicle/ship/air flight time 車/船/飛行時間		
	Terminus/airport to destination 碼頭/機場至目的地		
Total No. of Staff 職員總數			

Please make photocopy or attach a separate sheet if space is insufficient 如本表不足填寫，請影印本表以做附件

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

Site List (Project List) - For Multi-site Organization Certification

場所列表 (地盤、工程項目列表) – 適用於多場所組織的認證

Site identification and Address 場所/工程/ 地盤名稱、編號及地址			
Contract No. 合同編號			
Process Nature 運作種類 (e.g. new works, installation, maintenance 例如: 新樓宇工程、安裝、維修)			
Contract Title 合約標題			
Contract Sum 合同小計			
Site Status and Percentage Completion 場所運作狀態/ 工程完成比率 (%)			
No. of Residential Staff at Site 駐場所/ 地盤員工數目			
Commencement Date 開始日期			
Target Completion Date 目標完成日期			

Please make photocopy or attach a separate sheet if space is insufficient 如本表不足填寫，請影印本表以做附件

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請**5. Contact Information (聯絡人資料)**

a. Management Representative 管理代表

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

b. Deputy Management Representative 副管理代表

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

c. Billing Contact 賬目聯絡人

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

d. Contact Person 聯絡人 (for audit arrangement 作安排審核之聯絡)

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

We enclose herewith the supporting documents to complete our application**現附上申請所須之文件:**

- Photocopy of legal entity documentation (e.g. Certification of Incorporation or Business Registration)
法定證明文件影印本 (例如: 公司營業執照或商業註冊登記證書)
- Management System documents, ie, Quality Manual, Procedures, Organization Chart
管理體系文件, 例如質量手冊、程序、公司架構圖
- All Certification Sites, Site/ Project List (e.g. construction projects)
所有認證場所、項目清單 (例如: 建築工程)
- Application Fee – Cheque should be made payable to “Castco Certification Services Limited”.
申請費用 – 支票抬頭請寫 “Castco Certification Services Limited”
- Transfer Review 轉移審核, if yes 如是
- Copy of valid certificate issued by other CB
由其他認證機構簽發的有效證書
- The last Certification cycle’s report and corrective action report
上一個認證週期的所有報告(包括 CA 及所有 SV 報告)及糾正行動報告
- Any complaints and remedial actions
任何投訴及糾正行動

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The above applicant recognized that Castco Certification Services Limited (CCSL) operates the schemes in certifying organizations as having management structure, responsibilities, procedures, processes and resources for the implementation of management systems which are in accordance with the Certification Standards as specified above, and within the CCSL's Terms and Conditions of Services. In submitting this application together with all the supporting documents, it is understood that the applicant and CCSL are cordially bound by the Terms and Conditions of Services.

上列申請人，承認佳力高認證服務有限公司(CCSL)提供的認證服務，對其有關管理體系，包括組織架構、各項責任、程序、工序及資源進行審核，以證明該等體系符合上述的認證標準及 CCSL 的服務細則與條款。當交妥申請表格及所有支持文件時，申請人及 CCSL 會同時遵守服務細則與條款。

For and behalf of 負責人 (Authorized Signatory and company Chop 代表簽署及公司蓋章)

Signature 簽署 : _____ Title 職位 : _____

Name 姓名 : _____ Date 日期 : _____ (Company Chop 公司蓋章)

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

FOR CCSL USE ONLY

<input type="checkbox"/> CA	<input type="checkbox"/> RA (Doc. Assess. needed? Yes/ No)	Quotation Ref. No. :	
<input type="checkbox"/> TA	<input type="checkbox"/> ESV	<input type="checkbox"/> Other:	
EAC Code/ Area No.:		NACE Code (Rev.2):	

Estimation of Audit time (manday):- (Ref. IAF MD1 and/or IAF MD5 when necessary)

Have CCSL considered the Number of Effective Personnel?
(i.e. all personnel (permanent, temporary, and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include contractors/subcontractors personnel performing work or work-related activities that are under the control or influence of the organization, that can impact on the organization's management system performance.)

CCSL application reviewer shall contact client to obtain more information when necessary.

Yes No. Please state justification:

Number of Staff of the applicant organization:		Effective Number of Personnel:	
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Complexity category risk level: High Med Low Lim (QMS and EMS only)

General idea of applicant's context and business risk: Yes No

If No, further enquiry is necessary: _____

Will it be a **Multi-site organization** certification? Yes No (Refer to QP-P01 when necessary)

-If "Yes", CCSL shall obtain adequate information regarding the operation of sites from the page of "Site List" and consider it when working out the below audit time. (Liaise with the applicant when necessary)

-If "No", please state the justification (for not regarding the applicant organization as multi-site organization):

Initial estimated audit time (mandays):	
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APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION 管理體系認證申請

Availability of Auditing Personnel:

Lead Auditor with expertise in customer's scope: _____

Auditor with expertise in customer's scope: _____

Technical Expert (TE) required? No Yes, (if yes, check TE availability):

Other Expert(s) required? : No Yes, (please specify): _____

Conclusion

Application accepted, file passed to Manager (Audit)

Application failed to accept, reason:

Remedial actions:

Prepared by : _____

Date : _____

Approved by : _____

Date : _____