



# Application for Registration

**PLEASE COMPLETE IN BLOCK CAPITALS**

(Please complete and return/mail to info@bqsi.co.uk)

|   |   |                            |  |  |             |   |                                   |               |  |  |
|---|---|----------------------------|--|--|-------------|---|-----------------------------------|---------------|--|--|
| <b>ORGANISATION NAME</b>  |   |                            |  |  |             |   |                                   |               |  |  |
| <b>ORGANISATION ADDRESS</b>   | <b>Office/Invoice Address:</b>  |                            |  |  |             | <b>Main Site Address:</b>                         |                                   |               |  |  |
|   | Address   |                            |  |  |             | Address   |                                   |               |  |  |
|   |   |                            |  |  |             |   |                                   |               |  |  |
|   | City  |                            |  |  |             | City  |                                   |               |  |  |
|   | Country   |                            |  |  |             | Country   |                                   |               |  |  |
|   | Postcode  |                            |  |  |             | Postcode  |                                   |               |  |  |
|   | Phone   |                            |  |  |             | Phone   |                                   |               |  |  |
|   | Mobile  |                            |  |  |             | Mobile  |                                   |               |  |  |
|   | Fax No.   |                            |  |  |             | Fax No.   |                                   |               |  |  |
|   | Email   |                            |  |  |             | Email   |                                   |               |  |  |
| Website   |   |                            |  |  | Website     |   |                                   |               |  |  |
| Contact person  |   |                            |  |  |             |   |                                   |               |  |  |
| <b>Application for standard</b><br>(Whichever applicable, please tick mark)   | ISO 9001: 2015<br>(Quality Management System)   |                            |  |  |             | ISO 13485:2016<br>(QMS for Medical Devices)       |                                   |               |  |  |
|   | ISO 14001:20015<br>(Environment Management System)  |                            |  |  |             | ISO 22000:2018<br>(Food Safety Management System) |                                   |               |  |  |
|   | ISO 27001:2013 (Information Security Management System)   |                            |  |  |             | ISO 50001:2018<br>(Energy Management System)      |                                   |               |  |  |
|   | ISO 45001:2018 (Occupational Health & Safety Assessment System)   |                            |  |  |             | SA 8000<br>(Social Accountability)                |                                   |               |  |  |
|   | HACCP (Food Safety)<br>(Hazard Analysis Critical Control Point)   |                            |  |  |             | Product Certification-other                       |                                   |               |  |  |
|   | CE Mark (Certificate of Europeenne)   |                            |  |  |             | Product Certification-other                       |                                   |               |  |  |
| <b>Accreditation required</b>   | UKAS Accreditation  |                            |  |  |             |   |                                   |               |  |  |
| <b>Certification Scope</b><br>(Company business activity)   |   |                            |  |  |             |   |                                   |               |  |  |
| <b>Other Information</b><br>(Whichever applicable, please tick mark/ submit in separate sheet/original)   | Are you already certified, if yes, please submit details with last certificate.                               |                            |  |  |             |   |                                   |               |  |  |
|   | If you use any consultant to advise you on these standards, please submit details in separate sheet.          |                            |  |  |             |   |                                   |               |  |  |
|   | List of Environmental regulations/aspects identified/permit licence or consent, if applicable, please submit. |                            |  |  |             |   |                                   |               |  |  |
|   | List of product, outsourced process, plant machines, process flow-diagram of product. Please submit.          |                            |  |  |             |   |                                   |               |  |  |
|   | To cover any other site under certification scope, please submit details in separate sheet.                   |                            |  |  |             |   |                                   |               |  |  |
|   |   | Number of employee?        |  |  |             |   | No of daily shift?                |               |  |  |
| <b>Target date for Assessment</b>   | <b>Pre-Assessment (Stage-I)</b><br>(Pre-audit/document review)  |                            |  |  |             |   | <b>Main Assessment (Stage-II)</b> |               |  |  |
| <b>Payment Method</b>   | <b>Cheque/draft No.</b>   |                            |  |  | <b>Date</b> |   |                                   | <b>Amount</b> |  |  |
| <b>Declaration:</b> I have read, understood and agree to abide by the standard terms of business printed overleaf, which apply to this request. I understand that payment by me will be made on time. |   |                            |  |  |             |   |                                   |               |  |  |
|   |   |                            |  |  |             |   |                                   |               |  |  |
| <b>Signed with company stamp</b>  |   | <b>Name &amp; Position</b> |  |  |             |   | <b>Application Date</b>           |               |  |  |