IASCB/AF-04

## **APPLICATION FORM FOR CERTIFICATION BODIES**

| Name of Organization:  |  |
|--|--|
| Location (Head Office):  |  |
| Accreditation Sought for following Management systems:   |  |
| 01   | 02   |
| 03   | 04   |
| 05   | 06   |
| Previous experience in Management System Auditing/ Cor   | nsultancy (if any):-   |
| The evidence for the compliance of ISO 17021 and IASCB a application form  | accreditation requirement IASCB-001 is attached with this    |
| YES/ NO (Please tick as applicable)  |  |
| APPLICA  | TION FEE   |
| The application fee is 1000\$ The fee is non refundable, however, 70% payment will be remade if application is withdrawn by the organization.  | efunded if the application is rejected but no refund will be |
| DECLARATION  |  |
| I declare that the information provided along with this app<br>Falsified information if proved at any stage even if the accr<br>the organization and no fee will be refunded by IASCB. |  |
| Sign (Head of Org.)<br>Name:   | Date:  |
| Note: Please submit this form along with scan copies of rel  | ated documents at info@iascb.com under subject heading       |

"Application to Become a Certification Body".