

## APPLICATION FORM

COMPANY NAME.....

.COMPANY ADDRESS: .....

..... POST CODE: .....

TEL ..... FAX NO. ....

E-MAIL: .....

CONTACT NAME: .....

DESIGNATION: .....

NAME OF DIR/PARTNER/PROP: .....

REGISTERED OFFICE ADDRESS: .....

YOUR PROPOSED SCOPE OF CERTIFICATION:

NUMBER OF SITES TO BE AUDITED: .....

**BRANCH DETAILS:**

Provide complete address and number of employees at location. (Use annex if required)

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.....  
.....

PLEASE TICK:    1. Private Ltd./Ltd.    2. Partnership Firm    3. Proprietorship    4. Other

REGISTRATION REQUIRED (PLEASE TICK):

ISO 9001	ISO 14001	OHSAS 18001	ISO 20000	HACCP,
SA 8000	GlobalGap	EurepGap		

\* dal lunedì al venerdì dalle 8.00 alle 18.30 il sabato dalle 8.00 alle 13.00 costo 11.88 euro/cent al minuto + Iva negli altri orari e nei giorni festivi 4.65 euro/cent



## APPLICATION FORM

Number of Employees

Total	Management	Permanent Workers	Contract Workers
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SHIFT DETAILS:

Shift No	Employees
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I

II

III

WEEKLY HOLIDAY.....

I/We, hereby declare that information given above are true to the best of my/our knowledge. I/We know that wrong or insufficient information may lead to wrong assessment of company's status and hence affect certification criteria & we take responsibility for the same.

AUTHORISED SIGNATORY

POSITION:

DATE:

**S.M.C. India**  
**B-205, Gupta Tower-1**  
G-block Community Center  
Vikaspuri, New Delhi-110018  
Tel:- 011-45527514  
[www.smccertification.com](http://www.smccertification.com) – info@smccertification.com

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