

*Customer Information

Company Name	:		Web Address	:	
Authorised Person	:		E- Mail	:	
Phone	:		Tax Number	:	
Tax Office	:		Address	:	

Is the company mentioned above a subsidiary of any other corporation or company? (if yes please state)

If your organization is a multi-site organization, please attach the information of the address, number of employees and the processes performed for each of the sites.

Address	:		Phone	:	
Total employee number	:		Authorized Person	:	

*Services Requested

ISO 9001:2015 <input type="checkbox"/> TURKAK <input type="checkbox"/> IAS <input type="checkbox"/> OTHER	ISO 45001:2018 <input type="checkbox"/> IAS <input type="checkbox"/> OTHER	ISO 10002:2018 <input type="checkbox"/> OTHER
ISO 14001:2015 <input type="checkbox"/> TURKAK <input type="checkbox"/> IAS <input type="checkbox"/> OTHER	ISO 50001:2018 <input type="checkbox"/> TÜRKAK <input type="checkbox"/> IAS	FSSC 22000 <input type="checkbox"/> OTHER
ISO 22000:2018 <input type="checkbox"/> TURKAK <input type="checkbox"/> IAS <input type="checkbox"/> OTHER	ISO 27001 <input type="checkbox"/> IAS <input type="checkbox"/> OTHER	ISO 22716:2007 <input type="checkbox"/> OTHER
ISO 28000:2007 <input type="checkbox"/> OTHER	OIC/SMIIC 1:2019 (HALAL) <input type="checkbox"/> HAK <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

Type of Application

New Application Re-Certification Transfer (If it is transfer, please send the certificate and the last audit reports)

*Scope

*Please specify the legal regulations, standards and legislations that you have to obey specific to your activities

*Please specify, if any special processes or services are implemented by Subcontractor / Supplier / Business Partners

*The Number of Shift Employees at the Headquarter(s), Subsidiary(s), Local Office(s) and Worksite(s) in the Scope of Certification (The number of subcontractors is included.)

Address of Headquarter(s), Subsidiary(s), Local Office(s), Facility(s) and Worksite(s)	Operated Processes	Number of Employees			
		Shiftless Work	1st Shift	2nd Shift	3rd Shift

If there are different processes has been operated in different shifts please specify below with the info of that shift and location.

If the company have seasonal production / service, kindly state the number of employees worked within this scope. (including subcontractors) :

*Have you performed internal audit(s)? YES NO

*Have you performed management review meeting(s)? YES NO

*Have you received a consultation service? YES NO If Yes; via which company?

Requested Certification Audit Date:

*If available, please specify the external processes : Number of employees in external processes:

If available; please state the non applicable clauses related to standard.

*Kindly define significant Environmental Dimensions

How is the waste waters occurred as a result of production or usage, be eliminated? How its purification be performed? Where is water discharge be directed in case waste water treatment facility is not necessary?

Does the company have any solid wastes (for instance; package wastes, organic wastes... etc.) or hazardous wastes due to the processes or activities covered by the organisation? If yes, how it is removed / eliminated?

*For which product groups HACCP study has been implemented. How many HACCP plan does the company have?

*Kindly state the number of critical control points and Operational Pre-requisite programmes.

*If available; please specify the additional HACCP studies.

*If you made transfer application; kindly state Name of the Certification Body, Certificate type, Certificate Validity Date and Reason of Transfer.

*Following questions are going to be completed for more than one standart certification

Has the Management Review Meeting been performed as common for all systems? YES NO

Has the Internal Audit been performed in common for all the systems? YES NO

Are the Policy and Objectives be performed as common? YES NO

Has the documentation structure be established as being an integrated? (Including working / operating instructions) YES NO

Are the system processes be evaluated as an integrated? YES NO

Is there a common approach for improvement mechanisms? (corrective and preventive actions) YES NO

Does the combined management support and responsibilities exist? (Common Management, common responsibilities) YES NO

The fields have to be completed are defined with *

Necessary documentation requested together with the application

1. Tax Chart
2. Trade Registry Gazette
3. Activity Certificate of Chamber
4. List of Authorized Signatures (For the authorised person who signs the contract)
5. Current SII Bordereau **(The document declares the employee number)**
6. The Documents Indicating the Implementation of Legal Necessity (Document, Permissions, Licence etc.)
7. **Quality management system documentation (Manuals, Rrocedures, Instructions if any)**
8. HACCP plan number for ISO 22000
9. Additional requirements need to be delivered for ISO 9001:2015 and ISO 14001:2015 applications: Context of Organisation (Internal and External Issues, Documentated Information regarding to risks and opportunities)
10. **For ISO 50001:2018 Applications; FR.SB.01 Annex.2 Form**
11. **For ISO 27001:2013 Applications; FR.SB.01 Annex.3 Form**
12. **For ISO 45001:2018 Applications; FR.SB.01 Annex.4 Form**
13. **For Halal Certification Applications; FR.SB.01 Annex.5 Form**

Date:

Signature:
