STANDARDS ORGANISATION OF NIGERIA

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MANAGEMENT SYSTEM CERTIFICATION

APPLICATION FORM

Section 1:

1.1 Company/Organization Details

NAME (Legal Entity)		
TRADING NAME for Certificate(if different)		
MAIN ADDRESS (i.e. Head Office)		
INVOICING ADDRESS (If Different from main address)		
PHONE NUMBER		
TAX IDENTIFICATION NUMBER (TIN):		
COMPANY REGISTRATION NUMBER (CAC):	Website	
CHIEF EXECUTIVE NAME		
PHONE NUMBER		
KEY CONTACT PERSON		
POSITION		
	Organisation Tel/Mobile:	
	E-mail Address:	
TOTAL NUMBER OF EMPLOYEES	(Please state the Total No. of employee within your company for which certification is sought.)	Company Employees within the Scope (Breakdown) Total Permanent / Total Temporary
Indicate management systems that your company have		

Section 2:

2.1 Certification requirements (please indicate)

Please indicate service(s) for which you are applying below:

Fresh application	☐
Transfer of certification	☐

2.2 **Fresh Application**

Indicate management system(s) e.g. (ISO 900, ISO 14001, ISO 4500, 27000) for which you seek certification:

1-

2-

3-

2.3 **Certification Transfer Information**

For Transfers Please Indicate:

Management System Certificate (s) to Transfer ----------

Certificate Number ----------

Initial certification date ----------

Current certification date ----------

Certificate Expiry date ----------

Name of former certification Body ----------

Reason (s) for Transfer ----------

Last audit date (s) ----------

Next audit due date (s) ----------

Please attached a copy of your current MS Certificate(s), most recent recertification audit reports, and the latest surveillance report, CAR for the non-conformity, complaints received and action taken, audit programme established by the issuing certification body,

2.4 Audit type (combined, joint, or integrated audit)
For Integrated Management System (integration of any of the above systems) indicate the Standards below:

Standards in the Integrated Management System

2.4.1 Indicate level of integration IMS Standards

2.4.1.1 Operates independently ☐

2.4.1.2 Some Shared processes ☐

2.4.1.3 Fully integrated management system -processes, documentation & responsibilities ☐

Section 3:

3.1 Scope

Describe the scope of your organization's activities for certification and attach supporting information explaining each item in the scope

Note: Business (product/service) that you are not executing will not be accepted for certification.

3.1.1 Are any of the processes covered within this scope outsourced to a third party? Yes ☐ No ☐

If Yes, please provide detailed explanation

3.1.2 Are there any clause(s) not applicable from the Standard(s)?

☐ YES ☐ NO

If Yes, indicate and justify?

3.2 **Process Flow & description**

Process flow description providing the flow of your activities from finding out what Customers want to delivery of the product or service, maintenance and/or disposal. **(attach a separate sheet as necessary)**

Tick to indicate an extra sheet added ☐ Yes ☐ No

3.3 **Please List each Department/Unit/processes/sections covered under the scope of certification being sought for (attach a separate sheet as necessary)**

Tick to indicate an extra sheet added Yes No ☐ ☐

Section 4:

4.1 For Multi-sites (i.e. several sites within your certification scope. Please list **ALL** sites on a separate sheet using the format below and attach to the completed form.

S/No	Site Name	Address	Activities	Number of staff

Tick to indicate an extra sheet added: Yes, No ☐ ☐

4.2 If organisation has temporary sites within scope of certification, please provide details on a separate sheet using the format below and attach to this form

S/No	Site Name	Address	Activities	Number of Employees at each temporary site

Tick to indicate an extra sheet added: Yes, No ☐ ☐

4.3 Please provide details on shifts using the format below on a separate sheet. Listing the activities carried out in each shift, number of personnel per shift and controls in each shift such as level of supervision to reduce failed products or service.

a) Full time Personnel

Shift	Time (start& End)	Activities	Total personnel per shift	Controls

b) Part time Personnel

*Note: For **Occupational Health and Safety Management systems applicants** (OH&SMS), information provided above shall include personnel working on, as well as working away from the organisation's premises*

Section 5:

5.1 Legal Requirements

What statutory & regulatory requirements (Legislation) are applicable to your organisation and sites? Kindly state the Title/sections/subsection of these requirements of the law(s)?

5.2 For **Food Safety applicants** (FSMS, FSSC),
List the HACCP studies and process lines covered under the certification scope.
State Production/services on seasonality

5.3 For **Occupational Health and Safety Management systems applicants** (OH&SMS), indicate Identified OH&S Hazards and risks associated with your activities

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5.4 For **Information Security Management System applicants (ISMS),**

a. Kindly report any ISMS information that cannot be shared due to confidentiality, and provide details of the security controls in place to support audit planning.

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b. Kindly provide the ISMS scope, statement of applicability, and the risk assessment and treatment for activities within the scope (attach supporting documents).

5.5 For **Energy Management System applicants** (EnMS),

a. Kindly provide the following information relevant to your EnMS:

Number of EnMS Effective Personnel (Permanent, Full time, Part-time)	
Kindly provide the number of energy types within your EnMS that account for 80% of your total energy consumption	
Information on contractors or external providers that affect the energy performance or affect energy performance improvement	

Annual Energy Consumption (TJ)	
Number of Energy Types	
Number of Significant Energy Uses (SEUs)	

Section 6:

6.1 Additional Information

Date implementation of the system commenced ----------

Have you conducted internal audit on all sites within scope? Yes ☐ No ☐ (If yes, provide date(s) ……..……)

Have you conducted Management Review? Yes ☐ No ☐ (If yes, provide date…...……)

If you have used/intend to use Consultancy Services for the development of your management system, please give details:

1.Training (Course Title, Name of Facilitator, Type of qualification

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2. Implementation (aspects involved)

3.Auditing

AGREEMENT TO COMPLY WITH REQUIREMENTS OF SON-MSC CERTIFICATION BODY

1. I ……....., do hereby declare that the information given in this application is correct to the best of my knowledge and I undertake to inform SON-MSC of any changes with respect to this application and accept full responsibility of any costs incurred resulting from any changes not reported to SON-MSC in good time.
2. I agree to comply with the requirements for certification and to supply any information needed for these application review and that our organisation will be governed by the criteria and/or requirement for certification of Management System(s) set out by SON-MSC.
3. By endorsing this form and proceeding with certification, I hereby agree with the contract terms & conditions of SON-MSC.

DESIGNATION OF AUTHORISED REPRESENTATIVE: ……
SIGNATURE: ……
DATE: ……

FOR: SON MSC DIRECTOR:
NAME: ……..
RANK: ……
SIGNATURE: ……
DATE: ……