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| For PNAC Use only |  |  |  |  |  |

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|  | PNACPakistan National Accreditation Council 1-Constitution Avenue, Opposite Prime Minister Office, G-5/2,  Islamabad, **Pakistan.** | **F-01/05**  **Issue Date: 01/01/2024**  **Rev No: 08** |

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| **Application For Certification Body Accreditation (ISO/IEC 17021-1)** |

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| **Please type or use BLOCK LETTERS** | | | |
| Certification Body (CB) **Address** |  | | |
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|  | | |
|  | | |
| Postcode | | |
| Tel: | |  |
| Fax: | |  |
| Person to whom enquiries about this application should be directed | | |
| **Name of Contact:** | | |
| **Designation:** | | |
| **Address:** | | |
|  | | |
| Postcode | | |
| Tel: |  | |
|  | Fax: |  | |
|  | E-mail: |  | |
| Details of sub-offices/marketing offices in other cities |  | | |
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| This application is for (tick appropriate boxes)  New accreditation as a certification body for;  QMS  EMS  FSMS  ISO 45001  ISO 13485  Other type of Management System \_\_\_\_\_\_\_(under the scope of ISO/IEC 17021-1)  Extension of scope | | | |
| **For new accreditation only:** I enclosed (tick boxes)  A copy of the CBs Quality Manual  A copy of the CBs Quality Procedures  List of staff  List of certified organizations  Applicant fee-see note below  Proof of legal entity  Filled form F-02/29-Document Review and Preassessment ISO/IEC 17021-1:2015 | | | |
| **Before completing the rest of this form, please read the following notes** | | | |

**Notes on completing this form**

|  |
| --- |
| This form is divided into 6 parts, which must be completed:  Part1- About yourselves  Part 2 - About your staff  Part 3 - Scope of application  Part 4 - About your quality system  Part 5 - Other approvals  Part 6 - Declaration |

|  |  |
| --- | --- |
| **For more information from PNAC** | Telephone: 051-9222310, 9214065  Fax: 051- 9209510, 9222312 |
| **PNAC criteria documents** | You should study these documents, included in your applicant pack:   * Applicants Guide * Agreement between PNAC and an accredited CB * Accreditation Conditions for Certification Bodies * Fee schedule |
| **Need more space** | Give additional information on separate sheets of paper, indicating clearly the questions to which the information refers. |
| **Applicant fee** | Remember to enclose your applicant fee with this form. Fee is applicable in all cases such as first time application, scope extension and renewal etc. Please make cheques payable to PNAC. The application fee is non-refundable. |
| **Confidentiality** | All information given will be treated as Confidential. |

**Part 1 - About yourselves** Please type or use BLOCK LETTERS

* 1. **Name and position (Director level) of person authorising this application**

|  |  |
| --- | --- |
| Title Name | |
| Name |  |
| Position |  |

**1.2 Name and address of parent organisation (if any) of the CB**

|  |  |
| --- | --- |
| Parent Organization |  |
| Relationship with parent organization |  |
| Address |  |
|  |
|  |
| Postcode |
|  | Tel: Fax: |

**1.3 Address for invoicing (if different from CB address on page 1)**

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| Organisation |  |
| Address |  |
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|  |
| Postcode |
| Tel: Fax: |

**1.4 Information about ownership: please tick the appropriate box.**

|  |
| --- |
| Owned by an individual Owned by public limited Company  Owned by a private company/partnership Part of learned/tech institution  Owned by a public body/nationalised industry Part of an academic institution  Other: Please describe |

**1.5 Is certification the main activity of the company**

|  |
| --- |
| Yes No: describe the main activities of the company |

**1.6 Name of Consultant / Consultancy Firm (if any)**

|  |  |
| --- | --- |
| Name |  |
| Organisation  (if any) |  |
| Address |  |
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| Postcode |
| Tel: Fax: |
|  | E-Mail |

**Part 2 - About your staff** Please type or use BLOCK LETTERS

**2.1 Please list the names, qualifications and relevant experience of the following staff**

1. **Chief Executive**

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| Name Qualifications Relevant Experience |  |
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1. **Quality Management Representative**

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| Name Qualifications Relevant Experience |  |
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1. **Management (if more than three members please attach extra sheet)**

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| Name Qualifications Relevant Experience |  |
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| Name Qualifications Relevant Experience |  |
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| Name Qualifications Relevant Experience |  |
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* 1. **Please list the names, qualifications, relevant auditing fields (e.g., QMS/EMS) and experience of the Assessors/Auditors who are permanent employees of the company.**

1. **Assessors/Auditors (if required please attach extra sheets)**

|  |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Experience |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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* 1. **Please list the names, qualifications, relevant auditing fields (e.g., QMS/EMS) and experience of the Assessors/Auditors who are not the permanent employees of the company.**

1. **Sub-contracted/Free lance/Empanelled Assessors/Auditors(if required please attach extra sheets)**

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| Name Qualifications Auditing Field Experience |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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| Name Qualifications Auditing Field Audit Exp. |  |
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**Part 3: Scope of application**

**A: Quality Management System ISO 9001:2015**

**List all the sectors/areas which you seek accreditation. (if required please attach extra sheets)**

**(As defined in** **IAF MD 17)**

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| **Technical Cluster** | **IAF code** | **Description of economic sector/activity, according to IAF ID1** |
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**B: Quality Management System ISO 14001:2015**

**List all the sectors/areas which you seek accreditation. (if required please attach extra sheets)**

**(As defined in IAF MD 17)**

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| **Technical Cluster** | **IAF code** | **Description of economic sector/activity, according to IAF ID1** |
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**C: Quality Management System ISO 45001:2018**

**List all the sectors/areas which you seek accreditation. (if required please attach extra sheets)**

**(As defined in IAF MD 17)**

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| **Technical Cluster** | **IAF code** | **Description of economic sector/activity, according to IAF ID1** |
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**D: Food Safety Management System (FSMS)**

**List all the sectors/areas which you seek accreditation. (if required please attach extra sheets)**

**As per the requirements id IAF-MD 16**

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| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Cluster** | **Category** | | **Sub-category** | | **Activities** |
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**E: Medical Device Quality Management Systems (ISO 13485)**

**List all the sectors/areas which you seek accreditation. (if required please attach extra sheets).**

**(As defined in IAF MD 8)**

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| **Main Technical Areas** | **Technical Areas** | **Product Categories Covered by the Technical Areas** |
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**Part 4 - About your quality system**

Please provide the filled form F-02/29 answer every question, adding comments as necessary

**Compliance with ISO/IEC 17021-1:2015 and PNAC Accreditation Requirements**

|  |  |  |
| --- | --- | --- |
|  | | **Yes No** |
| 1. Do you consider that your Certification Body complies with ISO/IEC 17021-1 and PNAC accreditation requirements? | |  |
|  | **Area of non-compliance** | **Rectified by (date)** |
| If "No" in which specific areas does it not comply, and when do you expect non-compliance be rectified? |  |  |
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**Part 5 - Other approvals (certifications/ accreditations)**

Please detail current approvals held by your Certification Body

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| --- | --- | --- | --- |
| **Name & address of approval body** | **Scope of accreditation/approval and number of certificate (if any)** | **Period of accreditation/approval** | |
|  |  | Start | Expiry Date |
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**Part 6 - Declaration**

This declaration should be made by the person named in Section 1.1

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| --- |
| 6.1 The Certification Body applies for accreditation by PNAC for above mentioned scope.  6.2. The CB/organisation agrees to conform, upon accreditation, with PNAC requirements as detailed in the Agreement [F-01/08].  6.3. I enclose a copy of Quality Manual and other documents/information (see Note below)  6.4. I enclose a cheque (payable to PNAC) for the Applicant fee of \_\_\_\_\_\_\_\_. I understand that this fee is non-refundable. (see Note below).  6.5. I understand the manner in which the accreditation system functions.  6.6. I declare that the information given in this form is correct to the best of my knowledge and belief  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:** PNAC will not process your application until it has received your Quality Manual, procedures, other documents/information and application fee. |
| **When completed, return this Form to:** The Director Certification Bodies **Pakistan National Accreditation Council**  1-Constitution Avenue,  Opposite Prime Minister Office, G-5/2,  Islamabad, **Pakistan.**  Tel: 051-9206044, 9214065 Fax: 051-9209510, 051-9222312 |

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| --- |
| **For PNAC use only:**  **Application and Resource Review:**  Resources are available to conduct timely assessment according to PNAC policies, competence and availability of suitable assessor/experts.  YES  No  Remarks (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Reviewed By: Sign & Date |