



EUROCERT

89 CHLOIS & LYKOVRISEOS - 144 52 METAMORFOSI, ATHENS GREECE
TEL: +30 210 6252495, 6253927, FAX: +30 210 6203018 , SITE: www.eurocert.gr



Office abroad : TEL +....., FAX: +..... ,
email:.....

APPLICATION FORM FOR MANAGEMENT SYSTEM CERTIFICATION

1. NAME OF ORGANISATION (IN ENGLISH):

ADDRESS OF ORGANISATION:

CITY: POST CODE :

ACTIVITY:

VAT NO.:	<input type="text"/>	I.R. OFFICE:	<input type="text"/>
TEL. :	<input type="text"/>	FAX :	<input type="text"/>
web site:	<input type="text"/>	e-mail :	<input type="text"/>

For the purpose of sending information and promotional material for our services, our company collects, once you have given your consent, your email address. Your email address is not forwarded to third parties, and you may at any time withdraw your consent to privacy@eurocert.gr.

I want to receive information and promotional material for EUROCERT services at my email address.

2. SCOPE (PRODUCT/ PROCESS/SERVICE) FOR WHICH CERTIFICATION IS REQUESTED (IN ENGLISH):

NACE CODE : EA CODE:

ADDRESS(ES) OF PRODUCTION SITE(S) (IN ENGLISH):

IF THE ORGANIZATION HAS BRANCH OFFICE PLEASE ATTACH THE FOLLOWING:

- 1) TOTAL NUMBER OF BRANCH OFFICES 2) ACTIVITIES 3) ADDRESSES

IF THE ORGANIZATION HAS TEMPORARY SITES OR CONSTRUCTION WORK SITES ATTACH THE FOLLOWING:

- TOTAL NUMBER OF TEMPORARY SITES OR CONSTRUCTION WORK SITES
- ACTIVITIES PER SITE
- ADDRESS OF EACH SITE
- NUMBER OF EMPLOYEES IN EACH TEMPORARY SITE OR CONSTRUCTION WORK SITE

3. REFERENCE STANDARDS FOR WHICH CERTIFICATION IS REQUESTED:

IF YOUR ORGANISATION HAS OBTAINED A MANAGEMENT SYSTEM CERTIFICATION PLEASE FILL IN THE FOLLOWING:

TYPE OF MANAGEMENT SYSTEM CERTIFICATION THAT YOUR ORGANISATION HOLDS:

CERTIFICATION YEAR:

CERTIFICATION BODIES:

STANDARDS, SPECIFICATIONS, REGULATIONS AND COMPULSORY LEGISLATION THAT APPLY TO THE PRODUCTS/PROCESSES/SERVICES PRODUCED BY YOUR ORGANISATION:

For FSSC ONLY

Was there an unannounced audit for this site in this certificate life cycle?

Date:

4. DESCRIBE THE CURRENT DOCUMENTATION

5. TOTAL NUMBER OF EMPLOYEES:

**NUMBER OF EMPLOYEES WORKING IN MAIN SHIFT:(When products and /or processes are similar) + plus office workers
for FSSC only**

**NUMBER OF SHIFTS:
NUMBER OF EMPLOYEES WORKING IN SHIFTS:**

NUMBER OF EMPLOYEES OF SUBCONTRACTORS

**SEASONAL OR PART TIME PERSONEL
1. Number of Personnel
2. Employment Duration**

NUMBER OF PERSONNEL THAT CARRIES OUT SIMILAR SIMPLE FUNCTION

ΔΠ 6.1/E01/01-06-2019

NUMBER OF UNSKILLED EMPLOYEES

NUMBER OF HACCP STUDIES

**TRANSITION OF OTHER
CERTIFICATION**

--

5.1 Data needed for certification according to ISO 50001 only

Number of persons directly involved in the implementation of the EnMS

--

Annual energy consumption (TJ)

--

Number of energy sources

--

Number of significant energy uses

--

5.2 Data needed for certification according to ISO 27001 only

1. IT infrastructure complexity (select one of the following)

- Few or highly standardized IT platforms, servers, operating systems, databases, networks, etc.
- Several different IT platforms, servers, operating systems, databases, networks
- Many different IT platforms, servers, operating systems, databases, networks

2. Dependency on outsourcing and suppliers, including cloud services (select one of the following)

- Little or no dependency on outsourcing or suppliers
- Some dependency on outsourcing or suppliers, related to some but not all important business activities
- High dependency on outsourcing or suppliers, large impact on important business activities

3. Information System development (select one of the following)

- None or very limited in house system/application development
- Some in house or outsourced system/application development for some important business purposes
- Extensive in house or outsourced system/application development for important business purposes

**BUSINESS RESPONSIBILITIES
POSITION IN THE BUSINESS**

FULL NAME:

NAME & SURNAME OF THE SYSTEM MANAGER

--

NAME & SURNAME OF THE DEPUTEE SYSTEM MANAGER / TITLE-POSITION

--

6. DESIRABLE AUDIT DATE (MINIMUM 3 MONTH IMPLEMENTATION PERIOD IS REQUIRED):

--

ΔΠ 6.1/E01/01-06-2019

7. NAME OF THE CONSULTANT

--

TEL.:

--

FAX:

--

e-mail:

--

**8. NAME OF PERSON AUTHORISED TO SIGN THE APPLICATION AND OTHER RELEVANT DOCUMENTS
(CONTRACT):**

TITLE/ POSITION:

I HEREBY DECLARE AND CERTIFY THAT:

- A) I CONFIRM THAT I WILL COVER ALL THE COSTS ASSOCIATED WITH THE CERTIFICATION PROCEDURE
- B) I INFORMED THAT THE AUDIT REPORT IS DISTRIBUTED BY EUROCERT ONLY TO THE BUSINESS ORGANIZATION AND IS NOT GIVEN TO THIRD PARTIES WITHOUT THE WRITTEN AUTHORIZATION OF THE CUSTOMER.
- C) I READ AND ACCEPT THE MANAGEMENT SYSTEM CERTIFICATION REGULATION AS POSTED ON EUROCERT'S WEBSITE www.eurocert.gr
- D) I INFORMED THAT THE PROCESSING OF PERSONAL DATA IS ACTUALLY UNDER THE EUROCERT' S PRIVACY POLICY AS POSTED ON THE EUROCERT' S WEBSITE, www.eurocert.gr

SIGNATURE / COMPANY STAMP:

9. FOR EUROCERT USE ONLY

DATE OF REVIEW:

ACCREDITED SERVICE :

EFFECTIVE NUMBER OF PERSONNEL

CHECKED BY :

APPROVED BY:

ΔΠ 6.1/E01/01-06-2019