***NOTE*: This application form shall be completed in full and in capital letters, by the person(s) responsible for the implementation of the management system.** **The application form must be accompanied by the required supporting documents, as indicated under Section C and a non-refundable application fee of N$ 580.00 (excluding VAT). The GMP scheme is based on the NAMS/SANS 10049 standard.**

This form should be completed in full and returned to:

Namibian Standards Institution

Tel: +264 61 386400 Fax: +264 61 386454

P.O. Box 26364 Windhoek, Namibia

37 Feld Street, Windhoek, Namibia

Email: certification@nsi.com.na

Name of Organization / Applicant: _____

Postal Address: _____

_____

Plant / Factory Physical Address: _____

_____

_____

Company registration number: _____

Physical Address (for other sites including Head Office if different from above)**:** _____

_____

_____

_____

Telephone number: _____

Facsimile number: _____

E-mail address: _____

Website: _____

Details of the Managing Director/Chief Executive Officer/General Manager/Manager of the organization:

Full Names: _____ **Capacity**: _____

Details of the Management Representative / Food Safety Team Leader/ company representative:

Full Names: _____ **Email:** _____ **Telephone:** _____

Is your organization a part of the larger corporation? If yes, indicate the name and the address of the corporation. _____

_____

Does the organisation utilise the services of a consultant for the development of the GMP management system? If yes, indicate the name and address of the consultant / consulting firm.

_____

_____

_____

_____

What are the safety conditions that should be considered by the inspection team?

_____

_____

SECTION A

1. **Description of the type of product/s or service/s provided by your organisation**:

_____

_____

_____

2. **Indicate the applicable standard(s) for which organization is seeking certification (GMP Scheme is based on the NAMS/SANS 10049).**

_____

3. **Define the scope of certification sought, (boundaries defining the core processes to be included in the scope of certification).**

_____

_____

_____

4. Indicate any requirement(s) of NAMS/SANS 10049 that the organization determined not to be applicable to the scope of its management system (where applicable).

_____

_____

_____

5. Justification for requirement(s) of NAMS/SANS 10049 that the organization has determined not to be applicable to the scope of its GMP management system (where applicable).

_____

_____

_____

6. Is certification sought for a single or multi-sited organization?

Single ☐ **Multi-site** ☐

7. Does the organization operate on a shift basis? Yes ☐ **No** ☐

7.1 If Yes, how many shifts? _____

7.2 Please indicate working hours for each shift. _____

7.3 Are the activities in different shifts similar? Yes ☐ **No** ☐

8. Does the organization operates year round or seasonal? _____

9. Production details

9.1 Production capacity: _____

9.2 Actual production capacity: _____

Year	Production volume	Value (in Namibian Dollars)

10. Indicate number of employees:

10.1 Number of permanent staff? _____

10.2 Number of temporary staff?

_____

11. Do you carry out product tests as per NAMS/SANS 10049? If yes, List the tests:

_____

SECTION B: ACTIVITIES AND PROCESSSES ON SITE

1. **Incoming materials** ***(please list the main material/and or ingredients used in production)***

_____

_____

_____

_____

2. **Description of the processes and/departments of the organization for which certification is sought (attach list):**

_____

_____

_____

_____

3. **Specific Activities** ***(tick off and provide the information accordingly***

☐	Number of products types	Please state number of	→
☐	Number of services offered		
☐	Number of production lines	Please state number of	→
☐	Number of buildings	Please state number of	→
☐	Number of storage facilities	Please state number of	→
☐	Size of production facility (in m^2)	Please state size	→
☐	In house laboratory		
☐	Logistics & transport (not outsourced)		
☐	Product Storage facility (under direct responsibility of your factory)		
☐	Product development/Research		
☐	Staff speaking in more than one language (in case an interpreter is required for this audit)		

4. **List of sub-contracted / outsourced activities in the scope of GMP** ***(i.e. maintenance, calibration, transport, delivery, etc.)***

_____

_____

_____

_____

_____

5. Please give details of control measures implemented by the organisation to prevent the introduction of safety hazards (attach document).

_____

_____

_____

_____

_____

6. List the applicable relevant statutory and regulatory requirements relevant to your organization.

_____

_____

_____

_____

_____

SECTION C

1. The following documents and records of the implemented management system shall be available and submitted together with the application:

Description of information required	YES	NO
Company Registration Certificate (submit document)		
Organogram (submit document)		
The PRP Policy (submit document)		
Records of internal audits conducted (submit records) - *for multi-site it should be for every site-*		
Records of Management Review conducted (submit records)		
Records of the threat assessment analysis		
Process Flow diagrams indicating interactions of all steps in the operation		
List all functions/departments of your organization (submit document)		
List of all applicable regulatory and statutory legislations (submit documents)		
List of PRPs implemented		
Specifications for all final product and their intended use		
Records of shelf life validation.		
Plant layout		
Quality/Food Safety Manual or Plan		

SECTION D

1. Does any employee of the applicant participate in any Technical Committee(s) of the NSI? _____

If Yes, please state:

Name: _____Technical Committee: _____

2. Is any employee of the applicant a member of the Namibian Standards Council (NSC)?

If Yes, please state name: _____

3. Is any NSI employee a shareholder or director in your organization?

If Yes, please state the name: _____

4. Is the organization a subsidiary company? _____

If Yes, please state the subsidiary companies: _____

5. Is the organization a member of any industrial association(s)? _____

If Yes, please state the name(s): _____

6. Is your business a joint venture business? _____

If Yes, please indicate the parties involved: _____

Any other information:

_____

_____

_____

_____

_____

The NSI may request additional information from the applicant after assessing this application form. This document may be amended whenever deem necessary, and is accessible on the website www.nsi.com.na

Submitting this application, the applicant agrees to:

(a) allow the NSI audit team access to the applicant's facilities, information and records;

(b) keep the NSI informed of any changes to the particulars given herein;

(c) pay fees associated with certification activities;

(d) provide the NSI with a copies of requested documents and records;

(e) enter into a certification agreement with the NSI which is valid for three years.

DECLARATION

I _____hereby declare that the information submitted in this application is true and correct and that I am duly authorised to sign this application form.

Capacity of person signing application form: _____

_____ _____ _____

Signature *Place* *Date*

SECTION F

FOR OFFICE USE ONLY

Date application received: _____

Date application reviewed: _____

Application reviewed by: _____

Information reviewed	Yes	No	Comments
1) All field complete?			
2) Application fee paid?			
3) Requested document included?			

Recommendations:

_____

_____

_____

_____

_____

Client File Number: _____