Note: This application form shall be completed by a person responsible for the implementation of the management system. Attach all requested documents where applicable. The application form must be accompanied by a non-refundable application fee of N$ 2473.33 (excluding VAT).

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

Organization/Applicant: _____

Postal Address: _____

_____

_____

Physical Address: _____

_____

_____

Company registration: _____

Plant / Factory Physical Address (if different from above)**:**

_____

_____

_____

Telephone number: _____ Facsimile number: _____

E-mail address: _____

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

Full Names: _____ Capacity: **_____**

Details of the Management Representative:

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

1. **Description of the type of product or service of the organization for which certification is sought**:

_____

_____

_____

_____

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

_____

3. **List all functions/departments and the main activities carried out in the indicated functions/departments of your organization which are part of the scope of certification (attach list).**

4. **Define the scope of certification sought.**

5. **Indicate any requirement of the applicable standard that the organization determined not to be applicable to the scope of its Occupational Health and Safety management system (where applicable, provide justification).**

6. **Justification for requirement the organization has determined not to be applicable to the scope of its quality management system (where applicable).**

7. **Indicate any externally provided process, products and/or services**

Process: _____

Products:

_____

_____

_____

Services:

_____

_____

_____

8. Indicate the applicable standard(s):

_____

_____

_____

9. List the applicable regulatory and statutory legislations relevant to the operations your organization:

_____

_____

_____

_____

_____

10. Indicate the technology used in the system (e.g. manual, automated, semi-automated):

_____

_____

_____

11. Does the organization make use of a consultant for the development of the management system? If YES, please indicate the name of the consultant and/or firm.

_____

_____

_____

12. Any other language used at the organization in addition to English?

_____

13. What are the safety conditions that should be considered?

_____

_____

_____

14. Describe the external and internal issues that are relevant to the organization purpose and strategic direction, in understanding the organization and its context.

_____

_____

_____

15. List the relevant interested parties and their roles which can have an impact on the management system.

_____

_____

_____

_____

16. Describe post-delivery activities the organization carry out.

_____

_____

_____

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

_____

_____

18. State Management System(s) implemented by the organization

Tick	Management Systems	Certified (Yes or No)	Date Initially Certified	Certified By	Validity period

19. Did the organization implement an integrated management system? Yes ☐ No ☐

If yes, please answer the following questions to determine the level of integration?

i. Is there an integrated documentation set, including work instructions and procedures?

_____

_____

ii. Does the Management Reviews consider the overall business strategy and plan?

_____

iii. Is there an integrated approach to internal audits?

_____

_____

iv. Is there an integrated approach to policy and objectives?

_____

_____

v. Is there an integrated approach to systems processes, please indicate the processes?

_____

_____

_____

_____

vi. Is there an integrated approach to improvement mechanisms, such as corrective and preventive action, measurement and continual Improvement?

_____

_____

_____

vii. Does the organisation provide services at another organization's premises? If yes, indicate the Physical address of the premises where offsite activities are conducted.

_____

_____

_____

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

Single ☐ **Multi-site** ☐

21. Does the organization operate shifts? Yes ☐ **No** ☐

22. If Yes, indicate processes/activities for the shifts (e.g. shift 1, shift 2)

_____

_____

Indicate branch (es) or site(s) for which certification is sought

Branch/ Site	Type of product or services	Type of processes	Effective Number of personnel		Effective Number of personnel per shift		Total
			Permanent	Contracts/ Temporary	Shift 1	Shift 2	

NOTE: * Effective number of personnel consists of all personnel (permanent, temporary and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include non-permanent (e.g. contractors) personnel.

23. The following documents and records shall be made available and submitted for the implemented management system.

DESCRIPTION OF INFORMATION REQUIRED FOR SUBMISSION NB: Application will not be processed in the absence of the required evidence listed below.	YES	NO
Company Registration Certificate		
Occupational Health & Safety Policy		
Occupational Health & Safety Objectives		
Records of internal audits conducted		
Records of Management Review conducted		
Defined scope of Occupational Health & Safety Management System		
Has the organization identified risks and opportunities		
List of identified key hazards and OH&S risks associated with processes		
Evidence of identified main hazardous materials used in the processes		
Evidence of Statistics on accidents and near misses recorded		
Process flow diagrams indicating interactions of the various processes		
List all functions/departments of your organization		
List the applicable regulatory and statutory legislations		

24. Does any employee of the applicant participate in any Technical Committee(s) of the NSI? _____
If yes, please state:
Name: _____ Technical Committee_____

25. Is any employee of the applicant a member of the Namibian Standards Council (NSC)?
If yes, please state name: _____

26. Is any NSI employee a shareholder or director in your organization?
If yes, please state the name: _____

27. Is the organization a subsidiary company? _____

If yes, please state the subsidiary companies: _____

28. Is the organization a member of any industrial association(s)?
If yes, please state the name(s): _____

29. Is your business a joint venture business? _____
If yes, please indicate the parties involved: _____

30. 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 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*

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: _____