



Accredited Certification International Limited

Your True Partner in Management System Certification

Application Form

Company Name (English): _____

Company Name(Chinese): _____

Contact Person/Title: _____ Tel: _____

E-mail: _____ Fax: _____

Branch/Division (English): _____

Branch/Division (Chinese): _____

Corresponding Address
(English): _____

(Chinese): _____

Certification Applied:	ISO 9001 ()	ISO 14001 ()	OHSAS 18001 ()	FIU(SM)R ()
	IMS ()	ISO 10002 ()	Six Sigma - Bronze Level () , Silver Level () - Gold Level () , Platinum Level ()	
	HACCP ()	ISO 22000 ()	ISO 27000 ()	ACI-5S ()

Scope of Cert. (English): _____

Scope of Cert. (Chinese): _____

We enclose herewith the following documentation to complete our application:
Copy of legal entity documentation (e.g. Business Registration or Certification of incorporation)/Organization Chart/
Questionnaire – Contact, All Certification Sites, Project List (e.g. Construction Project)

For and on behalf of
(Authorized Signature
with Co. Chop): _____

Name: _____

Title: _____

Date: _____

ACI Regulations: We, the applicant specified above, recognize that Accreditation Certification International Limited (ACI) operates the schemes of certifying business management system that are in accordance with the certification standards specified above and in accordance with Regulations which we have been provided with this application form. We also agree that if our application for certification is successful, and in consideration of ACI agreeing to proceed with our application an auditing our business, that we will comply with and be bound by the Regulations of the scheme. We further undertake to pay all cost required in relation to our application and any future certification. We understand and accept the condition that as holder of an accredited certificate, we are obliged to provide, on request, access to the assessment team of the accreditation body to witness of ACI's auditing team performing an audit at our site.

Accredited Certification International Limited
Room 1304 SUP Tower, 75-83 King's Road, Hong Kong
Tel: 3583 3330 Fax: 28061940 Website: www.aci-limited.com



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Questionnaire- Contact

Contact Information

Managing Director:

Tel: _____ Fax: _____

E-mail: _____

Audit Co-ordinator:

Tel: _____ Fax: _____

E-mail: _____

Management Representative

Tel: _____ Fax: _____

E-mail: _____

Deputy Management

Representative

Tel: _____ Fax: _____

E-mail: _____

Billing

Tel: _____ Fax: _____

E-mail: _____

Certification formation

Target date of Certification: _____

Current certificate granted by other certification body for the standard and scope of

Certification applied: _____

Consultant Involvement: _____

We learn about ACI from: _____

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Questionnaire- All Certification Site

Company Name:

Certification Site

Nature:

Address:

Tel:

Fax:

No. of Staff:

Certification Site

Nature:

Address:

Tel:

Fax:

No. of Staff:

Certification Site

Nature:

Address:

Tel:

Fax:

No. of Staff:

Certification Site

Nature:

Address:

Tel:

Fax:

No. of Staff:



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Questionnaire- Project List

Company Name: _____

Project Details

Nature: _____

Contract Title Address: _____

Contract Sum: _____

Project Status (%): _____

No. of Residential Staff: _____

Commencement Date: _____

Completion Date: _____

Project Details

Nature: _____

Contract Title Address: _____

Contract Sum: _____

Project Status (%): _____

No. of Residential Staff: _____

Commencement Date: _____

Completion Date: _____

Project Details

Nature: _____

Contract Title Address: _____

Contract Sum: _____

Project Status (%): _____

No. of Residential Staff: _____

Commencement Date: _____

Completion Date: _____

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