Application for Certification

Regd. Office: Flat 1, 12/F., Henley Centre, 9-15 Bute Street, Mongkok, Kowloon, HK. Website:www.apcslimited.com Fax: 3622 2611, Tel: 3974 5383. Email: info@apcslimited.com



1) Application Detail

Please fill correctly to enable us understand your requirements and issue a formal offer.

No information shall be disclosed to any third party without the written consent of the customer in conformity with APC Policy & procedures

🛛 Initial Certification 🗌 Re-certification 🗌 Transfer	
Organization Name:	
Company address:	
Correspondence address (if	
different from the above)	
Organization Type	Company 🗌 Partnership 🗌 Proprietorship 🗌 Other
Contact person name:	
Mobile/ Tel:	
e-mail/ website	
Desired Scope of Certification	
Desired certification site and	
address (if needed)	
Certification Scheme Applied	⊠ ISO 9001 ⊠ ISO 14001 □ ISO 45001 □Others, please specify:
(Standards seeking for certification)	
Certified in any other management	🔀 No 🗌 Yes - Please Specify
systems before	
Details of operation	
Legal and statutory requirements	
related to product/ service	
Organization functions	
Key Human resource and technical	
resources	
Outsources processes (if any)	
Clause(s) not applicable and	
justification	
Integrated management systems	Yes
(Yes/ No)	
APC's existing customer	🖾 No 🔲 Yes, please state:
APC's previous customer (include	
certification service and other	No 🗌 Yes, please state the service(s) and the service time:
services, e.g. training)	
Relationship to APC	NA
Language	Cantonese and English

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Number of sites				
If more than one site, whether the same management system is deployed across the organization (Yes/ No/ NA)				
Number of legal prosecution last year	0			
Consultant/ organization (if any)	Name	NA	Mob No.	NA
			E-mail:	NA

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2. Information about sites

1. Site name/ code/		
project identification no.		
Site nature*		
Site address		
Activity(ies)**/ Detail of		
personnel working on and		
working away from the		
premise:		
Detail of site personnel		
No. of shift	Staff per shift	
No of Part-time staff	Work duration of	
(include subcontractor)	part-time staff (in	
	hours per day)	
Total no. of staff (include		
subcontractor)		
Legal and contractual		
requirement specific to		
site		

*site nature – e.g. head office/ branch/ warehouse/ factory/ construction site/ maintenance site

** Please state the role of organization (e.g. main contractor, subcontractor of a specific trade) in the project if it is a project site. (You can add rows if required)

2. Site name/ code/	
project identification no.	
Site nature	
Site address	
Activity(ies)**:	
Detail of site personnel	
No. of shift	
No of Part-time staff	Work duration of
(include subcontractor)	part-time staff (in
	hours per day)
Total no. of staff (include	
subcontractor)	

*site nature - e.g. head office/ branch/ warehouse/ factory/ construction site/ maintenance site

** Please state the role of organization (e.g. main contractor, subcontractor of a specific trade) in the project if it is a project site.

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Occupational Health and Safety Management System (ISO45001:2018)

Number of accidents happened	
in your organization in the past 3	
years:	
Number of fatal accidents	
happened in your organization in	
the past 3 years:	
Number of occupational diseases	
happened in your organization in	
the past 3 years:	
OH&S requirements related to	
product/ service	
Key hazards and OH&S risks	
analysis:	
The main hazardous materials used	
in the processes	

I acknowledge that

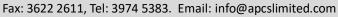
- The information provided by me is correct as per my best knowledge and the APC offer is based on the above information. If during assessments any variation is found, APC may revise its arrangements and offer.
- We agree if our application for certification is successful, and in consideration of APC agreeing to proceed with our application an auditing our business, that the audit operations will be complied with and be bound by "<u>Terms and conditions for certification services</u>" of the scheme and APC Certification Regulations (which is accessible at <u>www.apcslimited.com/downloads</u>).
- We agree that we are obliged to provide, on request, access to the assessment team of the accreditation body to witness of APC's auditing team performing an audit at our site.
- Application fee once paid is non refundable.
- All fees need to be paid in advance before stage 1 audit as per Proforma invoice & quotation to be given after receipt of application form by APC.

Name of Authorized Representative:

Signature/ company chop: Date:

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Attachments	\checkmark	Business Registration or Certification of incorporation
Attachments		Organization Chart
		Copy of certificate issued by the original certification body (for transfer only)
		All audit reports in the current certification cycle (for transfer only)
		Other Useful Information, if any :