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| 1. **CERTIFICATION BODY**
 |
| Name:  | V.A.T. No.: |
| Address: |
| Postal Code: | City: |
| Country:  |
| FAMI-QS Scheme Manager | 🞎 Mr. 🞎 Mrs. |
| Email:  | Telephone: |
| 1. **INVOICING DETAILS**

[ ]  **AS ABOVE** |
| Name: | V.A.T.: |
| Address: |
| Postal Code: | City: |
| Country:  |
| Contact Person: | [ ]  Mr. [ ]  Mrs. |
| Email: | Telephone: |
| 1. **rEQUIRED DOCUMENTATION**

**TO BE SENT WITH THE APPLICATION FORM** |
|  | Description: | Remarks: |
| [ ]  | Accreditation Certificates ISO/IEC 17021-1:2015 & ISO 22003-1:2022  |  |
| [ ]  | Copy of the application to any IAF MLA signatory accreditation body to include FAMI-QS under their current accreditation for management system certification |  |
| [ ]  | Proof of working in the feed sector |  |
| [ ]  | List of potential auditors and their qualifications  |  |
| [ ]  | Marketing plan for the development of FAMI-QS Certification |  |

Your application form will be processed by the FAMI-QS Certification Scheme. You can contact us at fffs\_info@fami-qs.org.

[ ]  **I have read, fully understood, accepted and implemented the** **Rules for Conformity Assessment Bodies Version 9****.**

[ ]  **I have read, fully understood, accepted and implemented the** [**Crisis Management Procedure**](https://fami-qs.org/incident-notification/)**.**

[ ]  **I have read, fully understood, accepted and implemented the** [**Surveillance Programme Procedure**](https://fami-qs.org/wp-content/uploads/2022/02/P-SP-01_Surveillance_Program_Rev_2.pdf)**.**

[ ]  **The certification body shall not have undertaken any consultancy and/or training activities within any client to be audited, over a period of two years prior to the audit and shall be able to demonstrate this impartiality.**

[ ]  **By signing this duly completed application form, the Certification Body agrees that, as soon as they have received the invoice, they will pay the applicable service fee, which is indicated on the FAMI-QS website:** [**https://fami-qs.org/certified-organisations/certification-bodies/**](https://fami-qs.org/certified-organisations/certification-bodies/)**.**

[ ]  **The undersigned must be a legally-entitled representative of the Certification Body.**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Name and signature:**

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| To be completed by FAMI-QS |
| Application: [ ]  Approved [ ]  Rejected  | Date of Approval: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| Signature | Informed the Certification Body: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| Notes:  |