



**MANAGEMENT SYSTEMS CERTIFICATION  
DOCUMENT**

**QUALITY MANAGEMENT SYSTEM  
CERTIFICATION APPLICATION FORM**

**Compiled by: Certification**

Document No: MSC-P10-FA  
Page 1 of 9

Version: 08  
Effective: May 2019

**Approved by: GM Certification**

**NOTE:** This application form shall be completed by a **person responsible** for the implementation of the management system. Complete Application in capital letters, attach all requested documents where applicable and ensure that it is accompanied by the prescribed and required non-refundable application fee of **N\$2150.00 (excluding VAT)**.

**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:** \_\_\_\_\_



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<b>Compiled by: Certification</b>

Document No: MSC-P10-FA Page 2 of 9
Version: 08 Effective: May 2019
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1. Description of the type of product or service of the organization for which certification is sought:

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

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3. List all functions/departments of your organization which are part of the scope of certification (attach list).

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4. Define the scope of certification sought.

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5. Indicate any requirement of the applicable standard that the organization determined not to be applicable to the scope of its quality management system (where applicable).

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

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**MANAGEMENT SYSTEMS CERTIFICATION  
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Document No: MSC-P10-FA  
Page 3 of 9

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

**Process**.....

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**Products**.....

.....

**Services**.....

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**8. Indicate the applicable standard(s).**

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

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

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**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.**

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

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

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Document No: MSC-P10-FA Page 4 of 9
Version: 08 Effective: May 2019
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**14. Describe the external and internal issues that are relevant to the organization purpose and strategic direction, in understanding the organization and its context.**

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


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

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

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	<b>MANAGEMENT SYSTEMS CERTIFICATION DOCUMENT</b>	Document No: MSC-P10-FA Page 5 of 9
	<b>QUALITY MANAGEMENT SYSTEM CERTIFICATION APPLICATION FORM</b>	Version: 08 Effective: May 2019
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**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?**

1. Is there an integrated documentation set, including work instructions and procedures?
2. Does the Management Reviews consider the overall business strategy and plan?
3. Is there an integrated approach to internal audits?
4. Is there an integrated approach to policy and objectives?
5. Is there an integrated approach to systems processes, please indicate the processes?
6. Is there an integrated approach to improvement mechanisms, such as corrective and preventive action; measurement and continual Improvement?



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Document No: MSC-P10-FA

Page 6 of 9

Version: 08

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

Single

multi-site

21. Does the organization operates shifts? Yes  No


22. If Yes, indicate processes/activities for the shifts (e.g. day, night)

.....  
.....

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	Day	Night	

**NOTE:** Effective number of personnel consists of permanent personnel involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted personnel) and part time personnel who will be present at the time of the audit shall be included in this number.

	<b>MANAGEMENT SYSTEMS CERTIFICATION DOCUMENT</b>	Document No: MSC-P10-FA Page 7 of 9
	<b>QUALITY MANAGEMENT SYSTEM CERTIFICATION APPLICATION FORM</b>	Version: 08 Effective: May 2019
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**23. The following documents and records shall be made available and submitted for the implemented management system:**

Description of information required	YES	NO
Company Registration Certificate (submit document)		
Quality Policy (submit document)		
Quality Objectives (submit document)		
Records of internal audits conducted (submit records)		
Records of Management Review conducted (submit records)		
Defined scope of Quality Management System (submit document)		
Have the organization identified risks and opportunities (submit document)		
Process flow diagrams indicating interactions of the various processes (submit document)		
List all functions/departments of your organization (submit document)		
List the applicable regulatory and statutory legislations (submit document)		

**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: .....

	<b>MANAGEMENT SYSTEMS CERTIFICATION DOCUMENT</b>	Document No: MSC-P10-FA Page 8 of 9
	<b>QUALITY MANAGEMENT SYSTEM CERTIFICATION APPLICATION FORM</b>	Version: 08 Effective: May 2019
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30. Any other information:

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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](http://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





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Page 9 of 9

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**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:**

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Client File Number: .....