



國際認可認證有限公司

Accredited Certification International Limited

Your True Partner in Management System Certification

Application Form

Company Name (English): _____

Company Name(Chinese): _____

Contact Person/Title: _____

E-mail: _____

Branch/Division (English): _____

Branch/Division (Chinese): _____

Corresponding Address
(English): _____

(Chinese): _____

Certification Applied: **ISO 22000:2018 () ISO 37001:2016 ()**
ISO 27001:2022 () ISO 20000-1:2018 ()
ISO 41001:2018 () ISO 55001:2014 ()
Others (): _____

Scope of Cert. (English): _____

Scope of Cert. (Chinese): _____

Boundaries of the management system: _____

Number of staff: _____

Number of shift: _____

Number of shift work employees _____

Number of employees partially in scope _____

Repetitive process within scope _____

Number of part time personnel _____

Number of temporary unskilled personnel _____

Accredited Certification International Limited
Unit 1901, 19/F, Yen Sheng Centre, 64 Hoi Yuen Road, Kwun Tong, Kowloon, Hong Kong
Tel: 3977 8988 Fax: 28061940 Website: www.aci-limited.com



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For ISO 22000:2018 Certification application only

Number of incidents happened in your organization in the past 3 years: _____

Number of prosecutions/legal proceedings related to food safety incidents happened in your organization in the past 3 years: _____

Number of HACCP Study: _____

Number of staff (FTE)!: _____

Major processes of your products/services, major food safety hazard & legal and other requirements:

For ISO 37001:2016 Certification application only

Boundaries, service locations covered in your scope: _____

Number of bribery cases in your organization in the past 3 years: _____

Locations of your major business partners: _____

For ISO 41001:2018 Certification application only

Number of incidents happened in your organization in the past 3 years: _____

Number of critical facilities: _____

For ISO 55001:2014 Certification application only

Number of incidents happened in your organization in the past 3 years: _____

Number of critical assets: _____



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For ISO 20000-1:2018 Certification application only

Number of customer complaints related to services under your proposed scope in your organization in the past 3 years: _____

Number of staff (FTE)¹: _____

Number of non-permanent (e.g. contractor) personnel within your proposed scope of certification: _____

Number of Service catalogues: _____

For ISO 27001:2022 Certification application only

Number of incidents happened in your organization in the past 3 years: _____

Number of persons doing work under the organization’s control: _____

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 and Company Chop)

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.

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Questionnaire- Sites/service points information (for certification and verification)

Company Name: _____

Site/Service Point

Nature: _____

Address: _____

Tel: _____ Fax: _____

No. of Staff: _____

Site/Service Point

Nature: _____

Address: _____

Tel: _____ Fax: _____

No. of Staff: _____

Site/Service Point

Nature: _____

Address: _____

Tel: _____ Fax: _____

No. of Staff: _____

Site/Service Point

Nature: _____

Address: _____

Tel: _____ Fax: _____

No. of Staff: _____



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Questionnaire- Contact

Contact Information

Managing Director:

Tel: _____ Fax: _____

E-mail: _____

Co-ordinator:

Tel: _____ Fax: _____

E-mail: _____

Management Representative

Tel: _____ Fax: _____

E-mail: _____

Deputy Management

Representative

Tel: _____ Fax: _____

E-mail: _____

Billing

Tel: _____ Fax: _____

E-mail: _____

Target date of

Certification/Verification: _____

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

Certification applied: _____

Consultant Involvement: _____

We learn about ACI from: _____