



APPLICATION FORM

Name of the Company:

Office Address:

Other Address:

No. of Employees (Total)

Mobile No:

Contact Person:

Position:

Tele phone No:

Fax No:

E-Mail:

Website:

SCOPE:-

Certification Body:

Certification Board:-

CERTIFICATE REQUEST	▪ ISO 9001 : 2008	▪ ISO 13485 : 2012	▪ CE MARKING	C-TPAT
	▪ ISO 14001: 2004	▪ ISO /TS 16949 : 2009	▪ ROHS	Trade Mark
	▪ ISO 22000 : 2005	▪ OHSAS 18001 : 2007	▪ HACCP	OTHERS
	▪ ISO 27001 : 2013	▪ SA 8000	▪ GMP	



APPLICATION FORM

	Application Fee	At The Time Of Audit	Total Fee
Initial Certificate Fee			
Certificate Fee Detail	Amount :-	Cheque No :-	
	In Favor Of :-	Bank Detail :-	

Terms and Conditions:

1. Service Tax (14.5%) additional, as applicable at the time of billing.
2. Application amount is not refundable under any circumstances.
3. All payment in favor of Axxis Certification.

I wish to apply for Registration of our Company under the above Standard and Scope of Registration.

Client Name:

Axxis Representative Name:

Axxis Representative Signature: Client Signature:.....