



GETTING STARTED

1. Please complete the appropriate sections of this Application Form to apply for UNBS Systems Certification.
2. For each system there is an Annex (List of documents) required to be attached to the application.
3. The UNBS System Certification schemes are operated in accordance with the UNBS Terms and Conditions as documented in the Certification Agreement CERT/F15.
4. The person making this application or requesting changes to the registration must hold executive authority within the corporate structure that includes the facility for which the application is being made. Certification cannot be granted to a third party. Where the application form or notification of a change is signed by an authorised representative instead of a member of the applicant company a letter from the applicant company appointing them must be included with the request.
5. The durations of any audit is based on ISO/IEC17021-1 and the latest IAF 'Mandatory Document for Duration of QMS, EMS and OH&SMS Audits' (IAF MD 5), ISO 22003-1 (FSMS), ISO 22003-2 (FSS), IAF MD9 (Medical Devices QMS), for multi-site audits - IAF MD1, IAF MD22 (OH&SMS), and for Integrated audits, IAF MD 11 and as per the UNBS procedure for Audit Time Determination (CERT/OP/12). UNBS reserves the right to extend the audit time if it is subsequently discovered that the information provided differs from that found whilst carrying out the audit.
6. For a single site organisation, the certification activities shall be relevant only to that site. However, if a company operates on several sites or auditable functions are performed at more than one location which is to be included within the certification request then:
 - a. The Stage 1 process shall focus on the main (controlling) site (for new certifications)
 - b. UNBS shall determine the sample to be taken for the audit(s) consistent with IAF MD1 and ISO 22003-1&2.
 - c. The Applicant shall appoint an individual who shall be the liaison for all the sites
 - d. UNBS certification will only be granted when the audits of the agreed sample of sites have been completed and with any major nonconformity resolved.
 - e. UNBS must be advised of any intention to withdraw or add locations to the certification.
7. Certificates are issued in the name of the Applicant Company which is thereafter referred to as 'The Holder'. Certificates also include the address of The Holder, the reference to the Standard used for Audit, the scope of the certification, the locations included within the scope, and any conditions for its validity.
8. Once issued, Certificates are not transferable. They can only be updated and reissued (with audits if applicable).
9. Certificates are normally issued with an expiry date 3 years from the date of issue or the expiry date of the previous certificate. To avoid the risk of the certification lapsing the re-certification audit should be conducted in sufficient time to ensure any major audit findings can be cleared prior to the certificate expiry date.
10. UNBS maintains and retains client information and records for a period of at least 6 years. You shall keep the following records for a minimum of 6 years:
 - a. All relevant details on the Certified system.
 - b. Details of any amendments to the Certified system.
 - c. Reports from UNBS resulting from the audits conducted
 - d. A record of all complaints and remedial actions relevant to the system
11. Certification documentation required to be maintained as public information can be accessed on www.unbs.go.ug or follow the link <https://goo.gl/u9veQe>
12. When completed, a signed copy of this application should be delivered, e-mailed, or mailed to UNBS at the address:
Uganda National Bureau of Standards
Plot 2-12, Bypass Link, Bweyogerere Industrial and Business Park, Kyaliwajjala Road
P.O. Box 6329, Kampala Uganda
Telephone 0417333250/1/2 Toll free 0800133133
Email: systemscertification@unbs.go.ug or certification@unbs.go.ug
Website: www.unbs.go.ug



**UGANDA NATIONAL BUREAU OF STANDARDS
CERTIFICATION SCHEME**

Document No: **CERT/SC/F03**

Effective Date: 15/12/2022

Document Title: **APPLICATION FORM FOR SYSTEMS CERTIFICATION**

Issue No: 02

Rev. 04

PART A:

Company Details

Name of Applicant Company (as it appears in the certificate of registration):*

Company Tax Identification Number (TIN) Number *

Capacity of Organisation*
(Annual Turn-over)

Business Sector:

Physical Address: (Location)*

Postal Address:

Personnel Details:

Contact Person's Name*

Mobile Number

Designation/Position*

Email Address

Name of CEO/Managing Director*

Telephone Number & Email Address*

Official Email Address: *

Office Telephone Line*

Company Website:

Business Owner (Tick)

Male

Female

Disabled?

Age of Business Owner

Below 25

25-35

Above 35

Application for: (Tick)

Initial Certification

Re-Certification

Scope Extension

Other (Specify)

System applied for: (Tick)

ISO 9001 QMS

GMP/GHP

ISO 22000 FSMS

ISO 14001 EMS

US 130 (HACCP)

ISO 45001 OH&SMS

ISO 13485 Medical Devices QMS

Others (Please state)

For FSMS and FSS (e.g. HACCP), please specify the number of **HACCP studies***

Do you have any **seasonal** activities, products, processes or services that impact on operations? (Yes/No)

If yes, please specify products, processes or services and period of the year:

Number of **Shifts***

Shift duration (in hours):

Do shifts perform similar activities? (Yes/No)

Shift	Shift 1 (Main Shift)	Shift 2	Shift 3
Shift time (from ... to ...)			
Number of Personnel			
Activities, if different			

Do you have any outsourced processes that may affect conformity to requirements? (Yes/No) *

If Yes, please specify: *

Please list any statutory and regulatory requirements for your product(s)/service(s)* - Additional sheet may be attached

Does company participate in any other Certification schemes: *

Please attach copies of certification documents

Language preference*

Note: All certification activities will be in English: Any Interpreter and/or translation services to be arranged by the audit client.

Has consultancy relating to the management system to be certified been provided?

If Yes, by whom?*



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PART B:

B1: LOCATION (S) TO BE AUDITED

How many locations are to be included within the scope of the certification?

If this application is for multiple locations do you require Multi-Site certification for; (Tick off)

a) Sites operating under a common management system under the control of your Head Office?

b) Each individual site listed?

Audit location (s) Identification Table

Site Name	Location (District, Town, Street /Road)	Processes/ Activities	Number of Employees			
			Permanent	Part-time	Temporary	
					Skilled	Un-skilled
Head Office						

For Part-time employees please specify number of hours per day.

Are most staff involved in repetitive processes? Yes/ No

Please explain

For Integrated Management Systems (IMS)

Please declare the level of integration. Consider the following aspects

	Yes	No
a) An integrated documentation set to a good level of development, as appropriate		
b) Management Reviews that consider the overall business strategy and plan		
c) An integrated approach to internal audits		
d) An integrated approach to policy and objectives		
e) An integrated approach to systems processes		
f) An integrated approach to improvement mechanisms		
g) Integrated management support and responsibilities		

What is your declared percentage level of integration?



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B2 SCOPE OF CERTIFICATION

What is the desired scope of certification for your system?

State the business activities and products or services for which certification is being sought.

Specify clauses of the standard(s) not applicable to the scope of certification.

Justifications for the non-applicable clauses or exclusions above.

Specify any business processes not applicable to the scope of certification.

Justification for exclusions of the business processes mentioned above:

Where manufacturing is part of the scope to be audited, is the production process continuous and automated?

Please answer this question only if you are applying for RE-CERTIFICATION

What changes have happened in your organization's system since the last surveillance audit? *Tick all that apply.*

Scope - Additional: Processes Sites Products/services
 Management (Organisation structure) Changes to legislation
 Other (*Specify*):

When will you be ready for a full stage 2 audit? Please indicate date

ATTACH REQUIREMENTS FROM APPLICABLE ANNEX FOR SYSTEM CERTIFICATION SOUGHT*

Please Note: Accreditation of certification services is achieved and maintained by way of assessments carried out by the Accreditation Body. The assessment process includes witnessing audits conducted by UNBS auditors. UNBS may, from time to time, request that you accept the Accreditation Body assessors to witness our audits on your organisation.

DECLARATION AND UNDERTAKING

I confirm on behalf of (Applicant Company), that the information provided in this document is correct, any changes in circumstances will be notified to UNBS in writing.

In connection with this application, We:

- a) Undertake to provide all information required by UNBS for the purpose of evaluation to facilitate certification;
- b) Agree to give the auditors reasonable access to the premises wherein production and/or service provision is undertaken for the purpose of evaluation;
- c) Undertake to pay UNBS all costs of processing this application and maintenance of certification;
- d) Undertake not to involve UNBS, its directors, officers and authorized representatives in any legal proceeding on any disputes between us and other parties.
- e) Undertake to be bound by the **UNBS Certification Agreement, CERT/F15**

<i>An authorized representative of the applicant shall complete and sign in this section</i>	Signature		<i>Applicant's Stamp/Seal</i>
	Name		
	Designation		
	Date		