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| **INSTRUCTIONS FOR COMPLETING THIS FORM:**  * The application shall be completed by persons with the level of authority necessary to represent the organisation’s commitment. * Additional pages may be attached as needed. |

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| **A. APPLICATION FOR** | | |
| SA8000 Certification | Renewal of SA8000 certification | Transfer of SA8000 accredited certification  \* Refer to **Note 1** |

**\* Note 1: For transfer of accredited SA8000 certification, the supplementary Section F shall be filled in**. Additionally, upon the signature of the certification contract, an additional *F007.14-SA Informative Questionnaire for Preparing the SA8000:2014 Audit* shall be filled in.

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| **B. GENERAL INFORMATION** | | | |
| Name of Organization |  | | |
| Address  (Head Office or main site) |  | | |
| City and Province: | Postcode: | Country: |
|  |  |  |
| VAT No. / Fiscal Code /  Tax Payer Code |  | | |
| **Main contact person** |  | Position: |  |
| Surname |  | First Name |  |
| Direct phone no. |  | E-mail |  |
| Address (if different from above) |  | | |
| \* **Note 2:** A copy of the Organization Registration Certificate (or an equivalent document) attesting the establishment as a legal entity and the activities performed will be provided upon request. | | | |

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| **C. INFORMATION RELATED TO SA8000 CERTIFICATION SCOPE** | | | | | | | | |
| **Desired Scope of Certification**  Describe the activities carried out by the organization with respect to products (including services), and processes to be covered by the SA8000 certification | |  | | | | | | |
| **Is your organization actively engaged in the above activities and with active contracts for at least 6 months?** | | Yes | | | | | No  Please note that this is a mandatory condition for an SA8000 accredited certification. | |
| **Is your organization a multi-site organization?**  With all sites under common listed in section D operationally controlled and managed under the same management system? | | Yes | | | | | No | |
| **Labour Laws / regulations**  List relevant applicable labour laws and regulations (covering all sites to be certified)  **Applicable Collective Agreement(s) (if any)**  Title, company/higher level, validity | |  | | | | | | |
| **Relationship with other groups in the wider corporate structure**  List the group companies and the relationships with your organization (parent company, subordinated unit, etc.) | |  | | | | | | |
| **On-site sub-contractors**  List all subcontracted organizations or persons that perform works and/or services, on your behalf, in any of your organization’s sites (Name, type of activity, number of personnel involved) | |  | | | | | | |
| **Exclusive suppliers**  List any suppliers that produce products and/or supply services exclusively for your organization (Name, type of activity, number of personnel involved) | |  | | | | | | |
| **Trade Union contact details (if applicable)**  Names, addresses, phone No | |  | | | | | | |
| **D. SITES TO BE SA8000 CERTIFIED** (Please attach additional pages for more sites) | | | | | | | | |
| **Sites \***  List name and full address of all sites to be certified including the registered office, head office or main site, branches, subsidiaries, permanent, temporary sites (service sites) and temporary contracts (off-site operations)  \* Refer to **Note 3** | **Number of Personnel**   1. Full-time 2. Part-time 3. Temporary 4. Seasonal 5. Through Labour/Recruitment Agency 6. On-site Subcontractors 7. Exclusive suppliers   \* Refer to **Note 4** | | **No. of Shifts** | **Peak seasons**  (month of peak season and estimate worker total during peak season) | **% Female workers** | **Main native languages** spoken by workers | | **Processes / functions**  List the activities/processes carried out at each site |
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**\* Note 3: Please include all sites and operations.** Certification to SA8000 cannot be granted unless **all sites and operations in a continuous process** - e.g. fabrication, finishing, packaging, distribution and sales (including remote sites and home workers) are included in the scope of certification.

**\* Note 4: Please include all personnel both on-site and off-site** (e.g. working in temporary sites, construction sites, customer premises), including full-time, part-time, temporary, contracted workers (e.g. through labour providers), on-site subcontractors and suppliers and homeworkers.

SA8000:2014 definition of Personnel = “All individuals employed or contracted by an organization, including but not limited to directors, executives, managers, supervisors and workers such as security guards, canteen workers, dormitory workers and cleaning workers.”

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| **E. INFORMATION RELATED TO SA8000 CERTIFICATION REQUIREMENTS** | | |
| **Other Social Audits:**  Was any of the above sites previously subject to a social audit? | Yes  Please specify which site and the standard/code:  ………………………….................... | No |
| **Exclusions in Scope:**  Specify which parts of your organisation are excluded from the scope of certification.  Please refer Note 2 above. | **Areas, sites, units to be excluded:**  ………………………………………… | **Reasons:**  …………………………………… |
| **Use of Consultants:**  In the last 2 years, have you received consultancy for the design, implementation or maintenance of your social accountability management system? | Yes  Please specify the name of your consultant and the consulting organization:  …………………………………… | No |
| **Is your organization already registered in SAI Database** [**https://database.sa-intl.org**](https://database.sa-intl.org)**?** | Yes | No  Please note that this is a mandatory condition for an SA8000 accredited certification ion and shall be achieved before the audit takes place. |
| **Have you already purchased and filled in the SAI Self-Assessment?** | Yes | No  Please note that this is a mandatory condition for an SA8000 accreditation before the audit takes place. |
| **Other particular aspects:**  Are there particular aspects which may influence the audit (e.g. need for translation, security conditions, etc.)? | Yes  Please specify: ………………………... | No |
| **Is a pre-assessment visit required before commencing the certification audit?** | Yes | No |
| **Target Certification Date:**  Please specify the date by which you wish to be certified |  | |

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| **F. INFORMATION RELATED TO TRANSFER OF ACCREDITED CERTIFICATION (LEAVE BLANK IF NOT APPLICABLE)** | | |
| **Current SA8000 Certificate Details:**  Please provide a copy | Issue date: |  |
| Expiry date: |  |
| Issuing Certification Body |  |
| **Is your current SA8000 certificate under validity (e.g. no suspension, withdrawal, etc.)?** | Yes | No  Please note that this is a mandatory condition for an SA8000 accredited certification transfer. |
| **Is the scope on your current SA8000 Certificate the same as the scope requested above under section C?** | Yes | No |
| **Is your current SA8000 certificate covering the same sites as listed above under section D?** | Yes | No |
| **Overview of the results for the last 2 audits** | Number of Major/Critical Non-conformities still open |  |
| Number of Major/Critical Non-conformities already closed by the current Certification Body |  |
| Number of Minor Non-conformities still open |  |
| Number of Minor Non-conformities already closed by the current Certification Body |  |
| Are all open minor non-conformities addressed by a corrective action plan? |  |
| **Date of last SA8000 audit carried out** |  | |
| **Date of the next SA8000 planned audit (current schedule with your current Certification Body)** |  | |
| **Target date for the Transfer Audit** |  | |

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| **ACKNOWLEDGMENT:** By undersigning this form, the organization confirms that, in the last 6 months, the organization, the organization’s directors and management staff, comply and, therefore, have not been involved, sanctioned or sentenced by administrative or legal Authorities jointly and finally, on serious or very serious grounds, for any of the following:   * Illicit association, corruption in economic transactions, trafficking of influence, bribery, fraud, illegal exaction, offense against the inland revenue or the social security; offences against the state or against individuals; offences against freedom, against freedom of opinion, against religious or sexual orientation or expression; offences against the fundamental rights of persons; embezzlement and crime of receiving or similar conducts; special disqualification from a profession, job, industry or trade. * Prohibition to act as Director/Manager or similar. * Offences or sanctions in the employment area, against fundamental workers’ rights. * Fraudulent bankruptcy or winding-up by the court. * Ban from public contracting laws due to an administrative sanction.   The information provided in this application will be considered confidential. By sending this form it is hereby granted the permission to IQNet Ltd to use and process any included personal data, in accordance with EU Regulation 2016/679, for the purpose of communicating any information regarding the certification activities and related topics. These data shall not be used in other purposes and will not be disclosed to a third-party without the written consent of the applicant (except for accreditation purposes or when required by law). |

**Place, Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Position of Client Representative:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature and Stamp:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_