



AFRICA STANDARDS AND CERTIFICATIONS

Document Title:
Application form for product certification

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Document No.	CAB-F-22
Revision No.	3
Effective Date	14-08-2023
Revision Date	08-2025

Date of Application					
Type of Client	<input type="checkbox"/> New Client		<input type="checkbox"/> Existing Client		
Type of Request	<input type="checkbox"/> First time product certification				
	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Reduction	<input type="checkbox"/> Cancellation of Certification		
Name of client					
Trade name (If applicable)					
Company registration No.					
Address of product manufacturing facilities					
Registered communication address					
Name of contact person					
Contact No.					
E mail					
Details of product to be certified					
Sr. No.	Name of products	Specifications / Rating	Applicable Directives	Reference national/ International standard	Intended application
Details of product to be included or reduced from present certificate					
Sr. No.	Name of products	Specifications / Rating	Applicable Directives	Reference national/ International standard	Intended application
Reason for reduction of product from the present certificate					
Reasons for cancellation of certificate.					



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Is your organisation linked to another cooperation.	
Total number of employees	
Number of employees in the product manufacturing	
Size/output of the manufacturing plant	
Is the company outsourcing any work including testing or production done by another legal entity on your behalf if yes, provide the details and nature of the outsourced organisation	
Estimated date for manufacturing audit readiness	
Is your product certified from any other body before this application? If yes, give the name of body and why do you want switchover?	
Major customers and type of application of the products under certification	

We hereby declare that the information given above is true as per best of my knowledge and we are bound to follow the rules of certification.

Authorized person:

Name _____ Designation _____ Signature _____ Date: _____



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Application Review (For Official Use only)

Confirmation that the application was reviewed by the responsible person for compliance to contractual and capability requirements:

Items	Yes	No	Comments/Reasons
i) Has the client supplied all the required contact and manufacturing information?			
ii) Does ASC have Accreditation of work to be executed? (If no, advice client that permit will be unaccredited)			
iii) Does ASC have the right auditors to perform the auditing process?			
iv) Confirm availability & competency ASC Auditors (If No-Advice client that application cannot be accepted / application process will take longer due to sourcing of required skills)			
v) Does ASC have approved/ contracted laboratories capabilities to perform the necessary testing? (If no – Advice applicant on alternative test lab)			
vi) Application accepted? (If not, provide reasons for rejection)			

Projected date/s for Audit:

Application Review performed by:

Date:

Designation:

Signature:
