| | | | |
|---|---|---|---|
| Company Name | | | |
| Company Owner Name | | Owner Contact Tel No. | --- |
| Company Representative Name | | Contact Person Tel No. | |
| Company Address (Corporate) | | | |
| Factory (Please list any additional sites to be included in the scope of Registration) | | | |
| Standard (s) to be assessed | | Exclusions | |
| Country | | City | Code |
| Contact Tel Number | | Position/Designation | Manager |
| Contact Email | | | |
| Website | | | |

| Type of Organization | Ltd. | | Pvt. Ltd. | | Partnership | | Proprietorship | |
|---|---|---|---|---|---|---|---|---|
| Area of Organization | | | | | | | | |

| | |
|---|---|
| Scope of Registration (Please Describe what activities your organization carried out) | |
| General Activities (e.g. welding, CNC Machining), Human and Technical Resources, Relationships with other Corporations | --- |
| Outsourced Processes (Heat Treatment, Planning Applications) | |
| Detail any Applicable Legislation and/or standards you work to | ---- |

| Total staff in company to be audited (show breakdown) | | Part Time? | | Temps? | | Contracted? | |
|---|---|---|---|---|---|---|---|
| Do you run shifts? If so | | | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | BCS CERTIFICATION (PVT) LTD | | **Doc No** | **BCS/PR/A** |
| | | **APPLICATION FORM** | | **Rev Dt.** | **01.01.2022** |

| | |
|---|---|
| please give employee breakdown and types of work carried out for each shift | |
| If more than one office location please detail including employee breakdown and operations | |
| If you operate on temporary sites (non-permanent), please detail typical number of sites | |

| | | | | |
|---|---|---|---|---|
| EA Code if Known | | Documentation Language: | | |
| Accreditation Required | | Other Information | | |
| When do you expect to be ready for stage 1 assessment? | | When do you expect to be ready for Stage 2 Assessment? | | |
| Have you used an external consultant or have you got any experience with Management Systems? | (If a consultant has been used please specify) : | | | |
| How did you hear about BCS? | | | | |

| | |
|---|---|
| Date of Application : | |
| Signature of Representative: | |