

Application for Certification, Trademark License and Assessment Services: Management Systems

All applicants must complete all applicable sections. Please use BLOCK LETTERS.

1. Organisation information			
Registered Company / Organisation <i>(Perusahaan Terdaftar) / Organisasi</i>	Name		
	NPWP	NIB	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other
Any additional trading name/s to appear on certificate (attach if more space is required) <i>(Nama dagang lain untuk dicantumkan pada sertifikat): (Lampirkan bila memerlukan tambahan tempat)</i>			
Management representative: (person who has the applicant's authority in relation to the certification process and approval of invoices) <i>Wakil Manajemen: (Orang yang mendapat kuasa dari pemohon sehubungan dengan proses sertifikasi dan persetujuan untuk invoice/tagihan)</i>	Name		
	Position	Mobile	
	Email Address	Office Telephone	Fax
Mailing address (for correspondence) <i>Alamat Surat (untuk surat-menyurat)</i>	Street No. & Address		
	City	State	Country Indonesia
Is this certification involving a Financial sponsor or corporate scheme? <i>Apakah sertifikasi melibatkan sponsor keuangan atau skema korporasi?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide information:	
Required Documents for invoicing <i>Dokumen yang diperlukan untuk faktur</i>	<input type="checkbox"/> Purchase Order (<input type="checkbox"/> Annually or <input type="checkbox"/> Per 3 years in First Year) <input type="checkbox"/> SPK <input type="checkbox"/> BAST <input type="checkbox"/> Others: _____		
Contact for accounts payable <i>Kontak penagihan</i>	Name		Position
	Email Address	Office Telephone	Fax
Mailing address for invoicing, If same as above, write ' SAME ' <i>Alamat surat-menyurat penagihan, Bila sama dengan atas, tulis 'Sama'</i>	Street No. & Address		
	City	State	Country Indonesia



1. Organisation information (continued)

Which service/s do you wish to apply for?
(tick all those applicable)

*Jasa apa yang anda inginkan?
(beri tanda semua yang sesuai)*

Quality

- Quality Management System – ISO 9001
- Automotive Management – IATF 16949

Food Safety

- HACCP Verification
- ISO 22000
- FSSC 22000 – Food
- FSSC 22000 – Packaging
- BRC Global Standard – Food
- BRC Global Standard – Packaging
- McDonald's
- Others

Also select Quality option above if ISO 9001 is required

Environment

- Environmental Management – ISO 14001
- Complete and attach document QEF15.A

Occupational Health and Safety

- OHS Management - ISO 45001
 - SMK3 PP 50 2012 [Awal Transisi Lanjutan]
- Complete and attach document id 5216

Information Security

- Information Management – ISO 27001
 - Sistem Manajemen Pengamanan Informasi (SMPI) ISO 27001
- Complete and attach document id 2234

Risk Management

- Anti-Bribery Management-ISO 37001

Forestry

- ISPO
- ISPO – Budidaya
- Complete and attach document id 7331
- ISPO – Pengolahan
- Complete and attach document id 7332
- ISPO – Integrasi
- Complete and attach document id 7342
- RSPO SCC
- Complete and attach document id 8656
- RSPO PNC

Other (eg once-off assessment, vendor/supplier assessment, gap analysis, other standard. Please specify)

Is your management system integrated? Yes No (if yes what % i.e. 100%, 20%)

2. Site Information

A) Main Site Address (where audit will take place). Refer below if applying for additional sites.

Alamat Lokasi Utama (dimana akan dilakukan audit). Lihat di bawah ini apabila mengajukan untuk tambahan lokasi.

How many sites to be audit?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Site		
Main Site Street No. & Address	<input type="text"/>		Facility Size <input type="text"/> m ²
Site Activities (Description of the main areas of work conducted at this site)	<input type="text"/>		No of employees <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Country Indonesia	Postcode <input type="text"/>
Contact Name <input type="text"/>	Phone/Mobile <input type="text"/>	Email <input type="text"/>	

B) Additional sites to be audited/covered by the Certification or Assessment. Correspondence and invoices will be sent to the mailing address shown on page 1, unless advised otherwise. (Attach additional sheets if required). Separate applications must be completed for any locations not represented by the applicant's representative nominated on page 1.

Tambahan tempat yang akan diaudit/dicakup oleh Sertifikasi atau Penilaian Korespondensi assesmen dan tagihan akan dikirim ke alamat yang tercantum pada halaman 1, kecuali ditentukan lainnya (lampiran lembar tambahan bila diperlukan). Permohonan terpisah harus dilengkapi untuk setiap lokasi yang tidak diwakili oleh wakil pemohon yang ditunjuk pada halaman 1.

Additional Site 1 Address	<input type="text"/>		Facility Size <input type="text"/> m ²
Site Activities (Description of the main areas of work conducted at this site)	<input type="text"/>		No of employees <input type="text"/>
Contact Name <input type="text"/>	Phone/Mobile <input type="text"/>	Email <input type="text"/>	
Additional Site 2 Address	<input type="text"/>		Facility Size <input type="text"/> m ²
Site Activities (Description of the main areas of work conducted at this site)	<input type="text"/>		No of employees <input type="text"/>



Contact Name <input type="text"/>	Phone/Mobile <input type="text"/>	Email <input type="text"/>
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2. Site Information (continued)

Please provide a list of staff position titles and the number employed in each category (eg. tradespeople, drivers, designers, managers, accountants etc). Larger organisations may list *departments* instead of titles. Attach additional sheets if required for each site/department.
(Harap disediakan daftar nama jabatan dan jumlah yang dipekerjakan pada setiap kategori (mis. Bagian perdagangan, supir, desainer, manager, akuntan, dll) Organisasi yang lebih besar bisa memberi daftar departemen. Lampirkan lembaran tambahan apabila diperlukan untuk setiap lokasi/departemen

No	Position or title / Name of department	Full Time	Part Time	Casual	Contractors
1	Board of Director (management)				
2	HRD				
3	Marketing				
4	Sales				
5	Administration				
6	Purchasing				
7	Service				
8	PPC/PPIC				
9	Production <i>(Please Breakdown per Process as below)</i>				
	-				
	-				
	-				
11	Warehouse				
12	QA				
13	QC				
14	Laboratory				
15	Maintenance				
16	GA (& security)				
17	Engineering				
18					
19					
20					
Total Employee		Head Office		Other Sites	
Number of shifts <input type="text"/>		Standard hours of business operation <input type="text"/>			

3. Management systems information

When do you expect the management system to be ready for the first audit?
Kapan anda mengharapkan system manajemen siap diaudit

Initial Audit (Stage 1 & Stage 2)

Is the system for which you seek certification or assessment integrated with any other management system?
Apakah system yang anda mohonkan sertifikasi atau penilaian, terintegrasi dengan system manajemen yang lain

Yes No, (If Yes please describe)

Rationale for Management System Integration Adjustment	Yes/No
Management Reviews that consider the overall business strategy and plan.	
An integrated approach to internal audits.	
An integrated approach to policy and objectives.	
An integrated approach to improvement mechanisms, (Corrective and Preventive Action; measurements and Continual Improvement).	
An integrated approach to planning, with good use of business wide risk management approaches.	
An integrated approach to systems processes.	
An integrated documentation set including work instructions, to a good level of development as appropriate.	
Unified management support and responsibilities i.e. one management representative.	



Do you currently have any management systems certified by SAI Global or any other certification body? <i>Apakah sekarang anda mempunyai system manajemen yang disertifikasi oleh SAI Global atau badan sertifikasi yang lain</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by which certification body?	
		Program (eg. Food Safety)	Standard	Certificate No.
Do you require information about any other services which will support your business objectives? <i>Apakah anda memerlukan informasi tentang jasa lain yang akan mendukung tujuan bisnis anda</i>			<input type="checkbox"/> Product Certification <input type="checkbox"/> Publications <input type="checkbox"/> Export Services	<input type="checkbox"/> Co-registration with an overseas certification body <input type="checkbox"/> Management System Training (understanding, document, internal auditor training) <input type="checkbox"/> Other (please specify)
Are you using a consultant to develop your system? <i>Apakah Anda menggunakan konsultan untuk mengembangkan sistem Anda?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the consultant's name and contact information.	
Source from which you have heard about SAI Global: <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Word of mouth <input type="checkbox"/> Advertising			<input type="checkbox"/> Online <input type="checkbox"/> Promotional letters <input type="checkbox"/> The Global Standard Magazine <input type="checkbox"/> Referral	<input type="checkbox"/> Conference / Exhibition. Please specify <input type="checkbox"/> Trade Journal. Please specify <input type="checkbox"/> Other – Please specify
<h3>4. General business information</h3> <p>For multi-sites, please identify specific site activities – copy and then attach additional pages if required. <i>Untuk multi-lokasi, silahkan menandai kegiatan-kegiatan lokasi yang spesifik – gandakan dan lampirkan lembar tambahan bila perlu</i></p>				
Scope of certification: Please list the range of products and/or services that your organisation provides: <i>Mohon cantumkan daftar produk dan / atau jasa yang disediakan perusahaan anda</i>				
For Food Standard Management System: (HACCP, ISO 22000, FSSC 22000)			Number of HACCP studies/site: <i>(A HACCP study corresponds to one or a series of HACCP plans for a family of products with similar hazards/similar production technology for the purpose of the calculations).</i>	
			1. What are the raw materials and ingredients: 2. What are the processes of production (what do we do to the materials and ingredients): 3. What are the final products and Where are they sold? 4. What do we pack the finished products in (types of packaging materials, Bulk, ambient/chilled/frozen):	
Please provide a list of the main functions within your organization (eg: design, production, management, sales): <i>Mohon diberikan daftar fungsi-fungsi utama di dalam organisasi anda (mis. Design, produksi, manajemen, sales):</i>				
Please list the core processes (eg. assembly, machining, consulting, servicing) within your organisation and the main technologies used: <i>Silahkan cantumkan proses-proses ini (mis. Praktek, permesinan, konsultan, service) didalam organisasi anda dan teknologi utama yang dipakai:</i>				
Obligation to legal and/or any other requirements. <i>Kewajiban hukum dan/atau persyaratan lainnya.</i>				
Please define which processes are outsourced: <i>Harap definisikan proses apa yang dialihdayakan:</i>				
Does your business conduct, or is it responsible for the design of services/products supplied to the customer? (If so, please specify examples of the complexity and responsibility involved) <i>Apakah organisasi anda mengerjakan, atau bertanggung jawab atas design jasa/produk yang dipasok kepada pelanggan? (Jika iya, jelaskan contoh dari keragaman dan tanggung jawab yang terkait)</i>				
What type of equipment do you use (eg. computers/printers, lathes, delivery vans, digital				



<p>scanners, pollution control equipment, scrubbers, analytical equipment, injection moulders etc.)?</p> <p><i>Jenis peralatan apa yang anda pakai (mis. Komputer /printer, mesin bubur, mobil angkut, scanner digital, alat pengendali polusi, alat penyikat, alat analitik, mesin cetak, dll)?</i></p>	
<p>What sort of continuous improvement methods have you implemented? Are the results available?</p> <p><i>Metode perbaikan yang berkesinambungan apa yang telah anda terapkan? Apakah hasilnya tersedia?</i></p>	



Important – Please complete prior to submitting application form

Occupational Health & Safety

We at SAI Global care for the safety and the well being of our staff. Please indicate through the following checkboxes any special details regarding safety whilst at your premises:

- There are no industry-specific safety risks or equipment applicable.
- The following Personal Protection Equipment (PPE)/Safety Equipment is required to be supplied by the Auditor: Shoes,
- We will supply all other PPE
- A safety induction is required for entry into the premises/site (this time is additional to any audit duration)

Comments:

5. Terms and conditions

1. The applicant warrants that the information provided in this application form is correct.
2. The applicant acknowledges that it has received and agrees to abide by the following contractual documents:
 - (a) SAI Global Terms and Conditions for Certification, Assessment Services;
 - (b) Certification Procedures relevant to the Certification Services requested (strike out if not applicable); and
 - (c) Terms and Conditions of the Certification Mark Licence (where relevant).
3. The applicant agrees that:
 - (a) when SAI Global accepts this application in writing; or
 - (b) if the application is not accepted in writing, when SAI Global starts to supply Certification or Assessment Services to the applicant; there is a contract for the supply of Certification or Assessment Services upon the Terms and Conditions of Certification Services, including the applicant's obligation to pay all fees due in respect of the certification services, as calculated in accordance with the agreement reached with SAI Global.
4. The applicant agrees that if SAI Global issues a certificate and licence to the applicant for the use of any Trade Marks (such as the StandardsMark), the applicant will use the Marks in accordance with the Certification Mark Licence Terms.
5. This application remains valid for twelve months from the date at which the application was made, after which period the application will expire.
6. All fees paid are non-refundable.

Signed for and on behalf of applicant*	Signature of applicant or authorised officer of the applicant	Date
	Full Name (BLOCK LETTERS)	Title
For Aerospace only Signed for and on behalf of SAI Global	Approved by Technical Manager and signed on behalf of SAI Global :	Date
	Full Name (BLOCK LETTERS)	Title

Applicants may undergo a check on credit history through existing Creditors and Credit Reporting Agencies. SAI Global reserves the right to reject any application.

** Attach additional pages as required.

Your Privacy

SAI Global Pty Limited and its related bodies corporate ("SAI Group") respect stakeholders' privacy at all times. When processing your order or application we collect personal information about you for the primary purpose of providing you with a high level of customer service. We may also use this information to inform you of other related products and services available from the SAI Group and to contact you in relation to these products and services. As we value your privacy we do not make your personal information available to other organisations without your explicit consent, and you have the right to gain access to this information. For more information please see our Privacy Policy on our website www.sai-global.com Please direct privacy related enquiries to the Chief Privacy Officer on (02) 8206 6000 or by e-mail: privacy.officer@sai-global.com