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1.0 COMPANY DETAILS			
1.1 Name of the Company:			
RegionTown Sub city			
Street Name (if any) House No			
Any other specific Company location identification information			
Telephone: Fax:			
Website: E-mail:			
Postal address:			
Status of the company(Private, , public, Share Company ,Individual ,NGO			
Size of the company annual revenue, after taxes)			
1.2 Address of the Main Office, if different from the above			
Tel			
Fax			
Name of the company ownerMobile TelMobile			
Name of Chief Executive / Managing Director:			
Telephone: Mobile Tel. No:	••••		
Name of Contact Person:			
Date of Establishment of the Company:			
1.3 If your company has several premises (sites) all contributing to the overall scope of certification,			
please list all such premises (sites), address, number of staff, telephone, fax, and the description of			
operations carried out at each premise below or describe them on a separate sheet of paper.			



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1.4 Is your company a part of some larger organization? Yes No If "Yes", please give the name and address of the holding organization.  Name:
Address:
1.5 Does your Company have any temporary site(s)? Yes No If "Yes", please give the name and address of the site(s) engaged in activities related to your scope.
1.6 Is your Company currently registered / certified by other certifying authorities, including ECAE  Certification Body? Yes No
If "Yes", please give details:
ii Tes , piease give details.
1.7 Does your company operate shifts? Yes No
If yes, how many?
If the organization operates in shifts, kindly list on a separate sheet, the activities of each shift, number of
personnel, the controls in each shift such as the level of supervision and the average number of personnel per shift.
1.8. Provide the annual production capacity of the factory
1.9 Please indicate the audit/inspection language of your preference. Amharic English  Other



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#### **Application Form for Product Certification**

Note: Please enclose copy of required legal documents e.g. registration letter from licensing authority (Ministry of Trade / Ministry of industry), Vat registration certificate from Ministry of revenue & customs authority), investment license from investment Commission (if applicable), Certificate of competency from EFDA for food manufacturers authenticating your status. Signed the product certification agreement is supplemented.

Certificate of competency from EFDA for food manufacturers authenticating your status. Signed the
product certification agreement is supplemented.
2.0 BUSINESS DETAILS
2.1 Describe clearly the scope of your company's activities for which certification is sought and which define your product, process range. (Scope refers to products or product categories and processes)  Note: that the description will appear on the certificate
2.2 List the applicable product standards for which certification is sought.
2.3 List the key production processes of your company. (Including laboratory facilities)
2.4 List any other products manufactured for which certification is not being sought.

2.5 Specify the technical personnel in your organization.



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2.6 Do you have any outsourced process(es)? Yes No
If yes, please specify which process(es) is (are) outsourced.
2.7. List the statutery and regulatory requirements explicable to your experience.
2.7 List the statutory and regulatory requirements applicable to your organization: _
2.8 Has your organization sought the services of a consultant the implementation of the product certification
scheme & production process?
Yes No No
If yes provide name of consultancy firm, time and person(s) involved in the consultancy
3.0 DISPOSITION OF STAFF
3.1 Total no. of full time
employees
i. Permanent employees
ii. Tomporary employees

Size categories of companies as related to number of employees

i. Small ... 1 – 49

iii. Part time Employees-----



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ii.	Medium 50 – 249

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iii. Large ... 250 and above

#### Note:

Do you agree that if any of the information provided above in the registration form is found to be wrong, the application may be rejected forthwith? (Yes/No)

The applicant shall submit with this application form, the necessary process flow chart, quality

manual (as applicable) and/or Procedures, which provide a description of the production process of		
the company in accordance with the specified requirements of the standard or other normative		
documents.		
documents.		
Name of authorised representative of the client		
Signature		
Date		



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5.0 APPLICATION REVIEW (For use by the Certification Body)
5.1 Is there any known difference in understanding between ECAE-CD and the applicant?  Yes  No  If yes, what is the difference and has it been resolved? Yes/No  If not yet resolved, specify how and when will it be resolved?
5.2 Is the information about the applicant organization and its product certification system sufficient to
conduct the audit/assessment of the production process and develop an audit/production assessment programme? Yes No
5.3 Proposed scope (including sites if applicable) as confirmed by the Team Leader based on information provided
5.4 Does the certification body have the competence and ability to conduct the certification activity in
line with the product certification scheme requirements (Give justification)
Yes No No



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5.5 Decision to undertake the audit/assessment of the production process as per the applied
certification scope?
Yes No No
Justify (Consider availability of competent auditors/ technical experts; Clients needs and expectations)
5.6 Name(s) of Proposed auditors and or technical experts
5.7 Time duration allocated for the audit/assessment of the production process
5.8 Are there shifts to be audited/inspected and considered in the time duration allocated for the audit or
assessment of the production process.



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6.0 6.1	REVIEW FOR EXPANSION / REDUCTION /CHANGE OF SCOPE  New product scope applied for:		
6.2 certifica	Is the information provided by the client in the application sufficient to consider undertaking ation activities towards extension of scope		
	6.3 Does the Certification Body have resources and competence to carry out the certification activity? Yes / No. (Give justification)		
6.4 Names of proposed auditors and technical experts			
	ummary of application review including any threats for impartiality from any personnel involved in the ation activities.		
Review	ved by Date		



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