



MEMBERSHIP APPLICATION

1. Organization Details

Company Name			
Head Office Address			
Manufacturing Facility Address			
Business Line	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Installer <input type="checkbox"/> Others, specify:		
Telephone		Fax Number	
Contact Person		Position	
Mobile No.		Telephone	
Website		Email Address	

2. Details of all Sites to be included in the Certification and Activities

(Site information/details shall be filled completely if you're applying for multisite certification)

Location	Postcode and Location Address	Product	Total no. of Employees
Head Office			
Site 1			
Site 2			
Site 3			



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3. Additional Details *(Site information/details shall be filled completely if you're applying for multisite certification)*

Any legal obligations? <i>(details please)</i>	
Is there any subcontractor maintained? <i>(Specify the Company Name, Complete Address & Scope pls.)</i>	
Is the company currently registered to BS EN ISO 9001:2015? <i>(State the CB, cert no. and validity please)</i>	
If not BS EN ISO 9001:2015 certified, has the established internal QMS documented and implemented?	
Do you require a pre-assessment visit to identify the possible gap in the QM system for product certification (a cost borne visit)	
Please state projected date when the initial certification takes place	
How did you hear about CCS?	

4. Technical Details

Product /Services Details (E.g. product or service type, ratings or properties, etc)	
Services Required	<input type="checkbox"/> Certification <input type="checkbox"/> Inspection <input type="checkbox"/> Others, specify pls.
Model Name/Code/Trade Name	
Product Sizes	
Is the product/service verified against national or international standards? (Please state the reference standard)	
If no, are you willing to test the product?	
If test is completed or willing to test the product, state the laboratory or preferred laboratory	
Is laboratory ISO-IEC 17025 accredited and UAE Civil Defense approved laboratory?	

5. Confirmation of the information provided and CCS review

Completed by <i>(Authorized by the company)</i>	<i>(State Name, Position, Signature and Date)</i>	
Reviewed by <i>(CCS only)</i>	<i>(State Name, Signature and Date)</i>	Remarks:

Note: Please return completed form and associated documentation (Test Evidence, Company License, etc) to: Conformity Certification Services
P.O. Box 184968, Dubai, U.A.E. Tel: +9714-2399644 Fax: +9714-2399655 Email: info@ccs-certification.com Web: www.ccs-certification.com