



**APPLICATION FOR THE CERTIFICATION/
ASSESSMENT OF A MANAGEMENT SYSTEM**



C C C

CYPRUS CERTIFICATION COMPANY

A. COMPANY INFORMATION

COMPANY NAME:

(in Greek)

(in English)

Company Registration Number:

COMPANY ADDRESS:

(in Greek)

(in English)

CITY: Post Code:

PO Box: Post Code: City:

Telephone No: Fax No:

E-mail: Website:

AUTHORISED PERSON FOR SIGNING THE CERTIFICATION AGREEMENT:

Name: Job Title/ Position:

PERSON RESPONSIBLE FOR THE MANAGEMENT SYSTEM (If different from person above):

Name: Job Title/ Position:



APPLICATION FOR THE CERTIFICATION/ ASSESSMENT OF A MANAGEMENT SYSTEM



B. ASSESSMENT AND CERTIFICATION INFORMATION

- Application for Assessment (Please specify the type audit you require):
- Assessment Audit Pre - Assessment audit
- Application for extension/ change of the Scope of Registration
- Application for extension/ change of the Locations of Registration
- WE WISH TO HAVE: A QUOTATION A MEETING

CERTIFICATION STANDARD(S):

- CYS EN ISO 9001:2015
- CYS EN ISO 14001:2015 REGULATION 1221/2009 (EMAS)
- ISO 45001:2018
- CYS EN ISO 22000:2018 (HACCP)
- FSSC 22000

Companies requesting quotation for the certification of food safety management systems please note the following):

Number of HACCP Studies:

Number of production lines:

- ISO/IEC 27001:2022 (ISMS)
(Please attach the Statement of Applicability)
ISO/IEC 27701:2019
Please indicate which one applies in the case of your company.
 PII Controller PII Processor Both
- ISO 37001:2016
- CYS EN ISO/IEC 22301:2019 (BUSINESS CONTINUITY)
- CYS EN ISO 50001: 2018
(Companies which wish to be certified according to ISO 50001, must complete the additional information in the following table on page 3)
- OTHER:



APPLICATION FOR THE CERTIFICATION/ ASSESSMENT OF A MANAGEMENT SYSTEM



Companies which wish to be certified as per the Standard CYS EN ISO 50001, please submit the following additional information:

1. Annual Energy Consumption (Tj):	
2. Number of energy types:	
3. Number of Significant Energy Uses (SEUs):	
4. Number of employees involved with the EnMS	
4.1 Top Management	
4.2 The Energy Management team	
4.3 the person(s) responsible for the procurement related to energy performance	
4.4 the person(s) responsible for making major changes that affect energy performance	
4.5 the person(s) responsible for developing, implementing or maintain energy performance improvements, including objectives, energy targets and action plans	
4.6 the person(s) responsible for developing and maintaining energy data and analysis	
4.7 the person(s) responsible for planning, operating and maintaining the process related to the SEUs including during seasonal operations (e.g. harvesting operations, hotels) as appropriate.	
4.8 the person(s) responsible for design which affects energy performance	



**APPLICATION FOR THE CERTIFICATION/
ASSESSMENT OF A MANAGEMENT SYSTEM**



B. ASSESSMENT AND CERTIFICATION INFORMATION (continued.....)

SCOPE OF CERTIFICATION/ FIELD OF ASSESSMENT

(Main activities to be assessed and certified):

(in Greek)

.....

.....

(in English)

.....

.....

LOCATIONS WHERE THE SYSTEM IS IMPLEMENTED:

Please specify whether there are activities (under the scope of certification) which are found in different locations (e.g production areas, stores, subsidiaries, branches, sale points, sites, warehouses, mobile units, etc)?

YES NO

If yes, please give details of the types and locations (both in Cyprus and/ or abroad):

.....

.....

.....

.....

Number of employees involved in the activities to be assessed/ certified:

.....

Working Hours:

In cases where there are shifts within the scope of intended certification, please indicate affected process and number of people.

.....

In cases where there are Subcontracted activities within the scope of intended certification, please indicate the number of subcontractor employees.

.....



**APPLICATION FOR THE CERTIFICATION/
ASSESSMENT OF A MANAGEMENT SYSTEM**



PLEASE INDICATE ANY LEGISLATIVE AND OTHER REQUIREMENTS APPLICABLE TO YOUR COMPANY OPERATIONS/ PRODUCTS AND WHICH ARE RELEVANT TO THE APPLIED SYSTEM UNDER CERTIFICATION.

(e.g Standards, Laws, Regulations, Specifications, CE Marking, etc.)

.....
.....
.....

DES THE COMPANY HAVE CURRENTLY ANY OTHER CERTIFICATIONS?

YES NO

If "YES", please indicate the Certification body, the standard and the expiration date of the certificate).

.....
.....

WHEN DO YOU WISH TO HAVE YOUR AUDIT?

B. ASSESSMENT AND CERTIFICATION INFORMATION (continued.....)

PLEASE ATTACH THE FOLLOWING:

- Information regarding the Company Organisational Structure (e.g Human and Technical Resources)
- Information regarding significant Processes and Procedures (including those that are outsourced/ subcontracted)

IN CASE OF APPLICATIONS REGARDING EMAS VERIFICATION, PLEASE ATTACH ALSO THE FOLLOWING:

- The Company Environmental Management Policy
- A description of the Company Environmental Management System
- Details of the Initial Environmental Review (e. Report, any necessary corrective actions, etc)
- The Environmental Management Program
- A draft of the Environmental Statement

IN CASE OF APPLICATIONS REGARDING HSMS (ISO 45001), PLEASE ATTACH ALSO THE FOLLOWING

- The key occupational hazards identified
- Hazardous materials and equipment used



**APPLICATION FOR THE CERTIFICATION/
ASSESSMENT OF A MANAGEMENT SYSTEM**



ANY OTHER ADDITIONAL INFORMATION

.....
.....
.....
.....
.....

CONSULTANCY FIRM:
Name of Consultant:
Address:
Tel : Fax:
E-MAIL:

Note: Consultant is any person outside the company who was or is involved in the development and / or maintenance of the Management System, eg System Manager, HSE Manager, Prepares Risk Assessments (as per National Legislation), performs Internal Audits/ HSE Inspections, is involved in accident investigation, communicates with Competent Authorities on behalf of the company, etc.



APPLICATION FOR THE CERTIFICATION/ ASSESSMENT OF A MANAGEMENT SYSTEM



C. COMPANY DECLARATION

I DECLARE THAT THE COMPANY:

- A) Is aware of and will conform to the requirements of the CCC General Assessment and Certification Regulation (which is available on the CCC website).
- B) Will pay the corresponding fees for the above mentioned assessment and certification procedures.

.....
(Name)

.....
(Signature)

.....
(Date)

Please forward your application as follows:

Cyprus Certification Company

30 Costa Anaxagora Street,

2014 Strovolos, Nicosia, Cyprus

P.O Box 16197, 2086 Nicosia, Cyprus

Tel: + 357 22 411 435

Fax: + 357 22 519 115

E-mail: certification@cycert.org.cy

FOR CCC OFFICIAL USE ONLY

Audit Scheduled:

AUDIT TEAM

Lead Auditor:

Auditors:

EA/ NACE Codes

ΕΣΥΔ:

Comments:

Signature:

Date:



APPLICATION FOR THE CERTIFICATION/ ASSESSMENT OF A MANAGEMENT SYSTEM



FOR CCC OFFICIAL USE ONLY (FOR APPLICATION REGARDING ISO 27001 ONLY)

	DATE	AUDIT TEAM
INITIAL CONTACT		LEAD AUDITOR:
QUOTATION		AUDITORS:
QUOTATION ACCEPTANCE		
MANUAL SUBMITTED		
AUDIT SCHEDULED		

CERTIFICATION SCOPE (sectors/ technical areas) ISMS threats to assets, vulnerabilities and impacts	
ASSESSMENT WHETHER THE NON SUBMISSION OF CERTAIN DOCUMENTS JUSTIFIES THE NON EXECUTION OF THE AUDIT	
ARE THERE ANY SPECIAL SKILLS REQUIRED WITHIN THE AUDIT TEAM IN ORDER TO ASSESS THE SPECIFIC SCOPE TECHNICAL AREAS.	
OTHER OBSERVATIONS / COMMENTS:	