

## **HACKIZEN ASSESSMENTS PRIVATE LIMITED**

## **APPLICATION FORM**

| Name of the Company Address Website, Email and Phone number No of Sites Site 1 Address For more site attach superior Sheer) Certification Scheme Scope of Certification Exclusion if any No. of Employees    Site 2  | Date of Application  |  |  |  |      |               |       |              |                   |               |                |  |  |
|--|----------------------|--|--|--|------|---------------|-------|--------------|-------------------|---------------|----------------|--|--|
| Website, Email and Phone number No of Sites Site 1 Address for more site attach separate Sheet)  Cortact Person Name and Designation  Legal Status  Company, Private PPSU NGO Other  Statutory and Regulatory Requirement Accreditation Required Certification Response Stope of Certification Scheme Stope of Certification Exclusion if any  Clause Justification  Clause Justification  Consourced Process, If any  No. of Employees  Site 1 Person No. of Employees  Site 2 Person No. of Employees  Site 3 Person No. of Employees  Site 4 Person No. of Employees  Site 5 Person No. of Employees  Site 6 Person No. of Employees  Site 9 Person No. of Employees  Person No. of Employees  Site 1 Person No. of Employees  Site 1 Person No. of Employees  Site 2 Person No. of Employees  Site 2 Person No. of Employees  Site 2 Person No. of Employees  Site 3 Person No. of Employees  Site 4 Person No. of Employees  Site 9 No. of Employees  Person No. of Employees  Recertification of Standards:  Site 9 No. of Employees  Site 9 No. o | Name of the Compan   | ıy   |  |  |      |               |       |              |                   |               |                |  |  |
| No of Sites   Site 1 Address   Former site attach separate   Sep   | Address              |  |  |  |      |               |       |              |                   |               |                |  |  |
| No of Sites   Site 1   | Website, Email and   |  |  |  |      |               |       |              |                   |               |                |  |  |
| Site 1 Address Site 2 Address (For more site attach separate Sheet)  Contact Person Name and Designation  Legal Status  Company: Private Public Proprietorship Partnership Contact Person Name and Designation  Legal Status  Company: Private Public Proprietorship Partnership Contact Person Name and Designation  Statutory and Regulatory Requirement  Accreditation Sequired  EGAC  Certification Scheme ISO 9001:2015 ISO 14001:2015 ISO 45001:2018  Scope of Certification  Exclusion if any  Clause Justification  Cutsourced Process, If any  No. of Employees  Location Shifts Full Time Part time Same type of John Unskilled Workers  Site 1 Site 2 Site 3 Site 4 Site 2 Site 4 Site 4 Site 4 Site 4 Site 4 Site 5 Site 5 Site 5 Site 5 Site 6 Site  | Phone number         |  |  |  |      |               |       |              |                   |               |                |  |  |
| Site 2 Address (For more site attachsparate Sheet)   | No of Sites          |  |  |  |      |               |       |              |                   |               |                |  |  |
| Attachs eparate Sheet  Contact Person Name and Designation  Legal Status    Company: Private   Public   Proprietorship   Partnership   | Site 1 Address       |  |  |  |      |               |       |              |                   |               |                |  |  |
| Attachs eparate Sheet  Contact Person Name and Designation  Legal Status    Company: Private   Public   Proprietorship   Partnership   |                      | re site  |  |  |      |               |       |              |                   |               |                |  |  |
| Augustian   Company: Private   Public   Proprietorship   Partnership   Other   | •                    | i c site                                       |  |  |      |               |       |              |                   |               |                |  |  |
| Company: Private   | Contact Person N     | lame   |  |  |      |               |       |              |                   |               |                |  |  |
| Company: Private   | and Designation      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Statutory and Regulatory Requirement  Accreditation Required  EGAC  Certification Scheme   |                      |  | Comp   | Company: Private Public Proprietorship Partnership |      |               |       |              |                   |               |                |  |  |
| Statutory and Regulatory Requirement   | - <b>0</b>           |  | -  | -  |      | _             | =     | _ `          | · —               |               | ' 🗖            |  |  |
| Requirement  Accreditation Required  | Statutory and Regula | atorv  |  |  |      |               |       |              |                   |               |                |  |  |
| Accreditation Required   EGAC  | -                    | ,  |  |  |      |               |       |              |                   |               |                |  |  |
| Scope of Certification   Scope of Certification   Exclusion if any   Clause   Justification  |                      | ed   | FGAC   |  |      |               |       |              |                   |               |                |  |  |
| Clause   Justification   |                      |  |  |  | Г    |               | SO 14 | 1001:2       | 015               | ISO 4500°     | 1.2018         |  |  |
| Clause   Justification   |                      |  | 130 3001.2013  |  |      |               |       |              |                   |               |                |  |  |
| Outsourced Process, If any  No. of Employees    Location   Shifts   Full Time   Part time   Same type of Job   Unskilled workers   | •                    | •  | Claus  | Clause   |      |               |       |              |                   |               |                |  |  |
| No. of Employees   Location   Shifts   Full Time   Part time   Same type of Job   Unskilled workers  | Exclusion in any     |  | Ciaas  | Clause Justification                               |      |               |       |              |                   |               |                |  |  |
| No. of Employees   Location   Shifts   Full Time   Part time   Same type of Job   Unskilled workers  | Outsourced Process   | ıf   |  |  |      |               |       |              |                   |               |                |  |  |
| No. of Employees    Location   Shifts   Full Time   Part time   Performing   Same type of   Job   Joh   Joh  | •                    | "  |  |  |      |               |       |              |                   |               |                |  |  |
| Site 1   | •                    | Lan  | -tion  | Ch:ft-c  | Τ.   | ll Times      | Dout  | <b>+</b> i   | Doufousing        | Tomorowani    | . Effective No |  |  |
| Site 1   Job   workers    Site 2   (Tempor ary)   TOTAL   Surveillance   Recertification   Transfer    Certification Program Required   In the case of several certification programmes, would you like the audits to be Combined Audit    In the case of several certification programmes, would you like the audits to be Combined or carried out separately?   Yes   No    If the answer is yes, please specify which combination of Standards:  Is Internal Audit is Combined:   Yes   No    Is MRM is Combined:   Yes   No    Is Manual, Procedures are Combined:   Yes   No    Is Implemented System is Integrated:   Yes   No    Is Already Certified for any Standard   If Answer is Yes Mention Name of the Standard:  Is Consultants Involved   Yes   No    If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved   How many Sites the company is Managing at the same time?  | No. of Employees     | LOC  | ation  | Snitts   |      | uii Time      | Part  | time         | _                 |               |                |  |  |
| Site 1  Site 2 (Tempor ary) TOTAL  Other Type of Employees (If Any):  Certification Program Required  Combined Audit  In the case of several certification programmes, would you like the audits to be Combined or carried out separately? Yes No If the answer is yes, please specify which combination of Standards:    Is Internal Audit is Combined: Yes No Is MRM is Combined: Yes No Is MRM is Combined: Yes No Is Implemented System is Integrated: Yes No   Is Manual, Procedures are Combined: Yes No Is Implemented System is Integrated: Yes No Is Implemented System is Integrated: Yes No If Answer is Yes Mention Name of the Standard:    Is Consultants Involved   |                      |  |  |  |      |               |       |              |                   |               | of Employees   |  |  |
| Site 2 (Tempor ary)  TOTAL    Deter Type of Employees (If Any):  |                      | 6  | _  |  |      |               |       |              | JOD               | workers       |                |  |  |
| Combined Audit   In the case of several certification programmes, would you like the audits to be Combined Audit   In the case of several certification programmes, would you like the audits to be Combined or carried out separately?   Yes   No   If the answer is yes, please specify which combination of Standards:   Is Internal Audit is Combined:   Yes   No   Is Manual, Procedures are Combined:   Yes   No   Is Implemented System is Integrated:   Yes   No   Is Implemented System is Integrated:   Yes   No   If Answer is Yes Mention Name of the Standard:   Is Consultants Involved   Yes   No   If Answer is Yes Mention Name of the Consultants:   Yes   No   If Answer is Yes Mention Name of the Consultants:   Yes   No   If Answer is Yes Mention Name of the Consultants:   Yes   No   If Answer is Yes Mention Name of the Standard:   Yes   No   If Answer is Yes Mention Name of the Consultants:   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Ye   | Site                 |  | 1  |  |      |               |       |              |                   |               |                |  |  |
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| Other Type of Employees (If Any):  Certification Program Required  Combined Audit  In the case of several certification programmes, would you like the audits to be Combined or carried out separately?  |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Other Type of Employees (If Any):  Certification Program Required  Combined Audit  In the case of several certification programmes, would you like the audits to be Combined or carried out separately? Yes No If the answer is yes, please specify which combination of Standards:  Is Internal Audit is Combined: Yes No Is MRM is Combined: Yes No Is Manual, Procedures are Combined: Yes No Is Implemented System is Integrated: Yes No Is Implemented System is Integrated: Yes No If Answer is Yes Mention Name of the Standard:  Is Consultants Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?   |                      | -  |  |  |      |               |       |              |                   |               |                |  |  |
| Other Type of Employees (If Any):  Certification Program Required  Combined Audit  In the case of several certification programmes, would you like the audits to be Combined or carried out separately? Yes No If the answer is yes, please specify which combination of Standards:  Is Internal Audit is Combined: Yes No Is MRM is Combined: Yes No Is Manual, Procedures are Combined: Yes No Is Implemented System is Integrated: Yes No Is Implemented System is Integrated: Yes No If Answer is Yes Mention Name of the Standard:  Is Consultants Involved Yes No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?   |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Initial  |                      | 101  | AL   |  |      |               |       |              |                   |               |                |  |  |
| Initial  | Other Type of Employ | voos (I  | £ 0 m//.   |  |      |               |       |              |                   |               |                |  |  |
| Combined Audit  In the case of several certification programmes, would you like the audits to be Combined or carried out separately?   |                      |  |  |  |      | Cumucillan    | F     | <del>-</del> | Dogortification [ | Transfe       | <u> </u>       |  |  |
| In the case of several certification programmes, would you like the audits to be Combined or carried out separately? Yes No If the answer is yes, please specify which combination of Standards:    Is Internal Audit is Combined: Yes No     Is MRM is Combined: Yes No     Is Manual, Procedures are Combined: Yes No     Is Implemented System is Integrated: Yes No     Is Implemented System is Integrated: Yes No     If Answer is Yes Mention Name of the Standard:     Is Consultants Involved   Yes No     If Answer is Yes Mention Name of the Consultants:     Key Business Process Involved   Additional Information Required     EMS  |                      | 1  | initia   | · 📙  |      | Surveillar    | ice L | - '          | Recertification [ |               | er 🔲           |  |  |
| In the case of several certification programmes, would you like the audits to be  Combined or carried out separately?  | -                    |  |  |  |      |               |       |              |                   |               |                |  |  |
| If the answer is yes, please specify which combination of Standards:    Is Internal Audit is Combined:   | Combined Audit       |  | In the   | e case of  | seve | eral certific | ation | progra       | ammes, would yo   | u like the au | dits to be     |  |  |
| Is Internal Audit is Combined: Yes No Is MRM is Combined: Yes No Is Manual, Procedures are Combined: Yes No Is Implemented System is Integrated: Yes No Is Implemented System is Integrated: Yes No Is Already Certified for Yes No If Answer is Yes Mention Name of the Standard: Is Consultants Involved Yes No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved Additional Information Required  EMS How many Sites the company is Managing at the same time?   |                      | Combined or carried out separately? Yes No     |  |  |      |               |       |              |                   |               |                |  |  |
| Is MRM is Combined: Yes No Is Manual, Procedures are Combined: Yes No Is Implemented System is Integrated: Yes No Is Already Certified for any Standard If Answer is Yes Mention Name of the Standard: Is Consultants Involved Yes No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?   |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Is MRM is Combined: Yes No Is Manual, Procedures are Combined: Yes No Is Implemented System is Integrated: Yes No Is Already Certified for Answer is Yes Mention Name of the Standard: Is Consultants Involved Yes No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?   |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Is Implemented System is Integrated: Yes No  Is Already Certified for Yes No No No Standard If Answer is Yes Mention Name of the Standard:  Is Consultants Involved Yes No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved Additional Information Required  EMS How many Sites the company is Managing at the same time?  |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Is Already Certified for Answer is Yes No Name of the Standard:  Is Consultants Involved Yes No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS How many Sites the company is Managing at the same time?  |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| If Answer is Yes Mention Name of the Standard:  Is Consultants Involved  Yes No No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?  |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| If Answer is Yes Mention Name of the Standard:  Is Consultants Involved  Yes No No If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?  |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| If Answer is Yes Mention Name of the Consultants:  Key Business Process Involved  Additional Information Required  EMS  How many Sites the company is Managing at the same time?   |                      | If Answer is Yes Mention Name of the Standard: |  |  |      |               |       |              |                   |               |                |  |  |
| Key Business Process Involved  Additional Information Required  EMS How many Sites the company is Managing at the same time?   | -                    |  |  |  |      |               |       |              |                   |               |                |  |  |
| Additional Information Required  EMS How many Sites the company is Managing at the same time?  |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| Additional Information Required  EMS How many Sites the company is Managing at the same time?  | Key Business Process |  |  |  |      |               |       |              |                   |               |                |  |  |
| Additional Information Required  EMS How many Sites the company is Managing at the same time?  | =                    |  |  |  |      |               |       |              |                   |               |                |  |  |
| How many Sites the company is Managing at the same time?   |                      |  |  |  |      |               |       |              |                   |               |                |  |  |
| How many Sites the company is Managing at the same time?   | FMS                  |  |  |  |      |               |       |              |                   |               |                |  |  |
| Do you have Register of Significant Environment aspect?  | -                    | How m  | nany Sites the company is Managing at the same time?   |  |      |               |       |              |                   |               |                |  |  |
|  |                      | Do νοι   | o you have Register of Significant Environment aspect? |  |      |               |       |              |                   |               |                |  |  |



## **HACKIZEN ASSESSMENTS PRIVATE LIMITED**

## **APPLICATION FORM**

|  |                                       | Do you have an Enviro  | Yes No          |                   |           |  |  |  |  |  |
|--|---------------------------------------|--|-----------------|-------------------|-----------|--|--|--|--|--|
|  |                                       | Do you have an Intern  | al Environmenta | ıl Audit Programm | Yes No    |  |  |  |  |  |
|  |                                       | Has the Internal Enviro  | Yes No          |                   |           |  |  |  |  |  |
| OHSMS  |                                       | Hazard's Identified?   | Yes             | No                |           |  |  |  |  |  |
|  |                                       | Detail any critical occupational health & safety risks identified? |                 |                   |           |  |  |  |  |  |
| <b>DECLARATION:</b> The above information is true to the best of my knowledge and belief and I am authorized to provide such |                                       |  |                 |                   |           |  |  |  |  |  |
| information  | information on behalf of the company. |  |                 |                   |           |  |  |  |  |  |
| Name   |                                       |  | Designation     |                   | Signature |  |  |  |  |  |
|  |                                       |  |                 |                   |           |  |  |  |  |  |
|  |                                       |  |                 |                   |           |  |  |  |  |  |
| HAPL Official Use  |                                       |  |                 |                   |           |  |  |  |  |  |
| Can the Application Proceed for Application Review: Yes No   |                                       |  |                 |                   |           |  |  |  |  |  |
| Name of Application  |                                       |  | Signature       |                   | Date      |  |  |  |  |  |
| reviewer   |                                       |  |                 |                   |           |  |  |  |  |  |

<sup>\*</sup>Delete or Leave whichever is not applicable