

NESUS CERTIFICATION SDN BHD**APPLICATION FORM**

1.	Name of organization	
2.	Address	
3.	Proposed scope/activities	
4.	Certification standard	

Declaration:

Standards	Please tick (/)
MS 2530-3-1:2022	
MS 2530-3-2:2022	
MS 2530-4-1:2022	
MS 2530-4-2:2022	
MS 2530-4-3:2022	

- I hereby declare that the information provided in the Questionnaire correct and applicable to the best of my knowledge.
- I undertake to comply with the provisions of the Certification Agreement upon acceptance by both parties and a copy of which will be made available to me.
- I agree to pay all fees/costs connected to the certification process.
- I shall not refuse any request by Nesus Certification Sdn Bhd to allow representative (s) of Accreditation Body (ies) to carry out witness audit of Nesus Certification Sdn Bhd, at my premise(s), should such a request be made.

Signature of authorized representative: _____ Date: _____

Name : _____ Position : _____

Please return form duly completed to:
Administration Manager,
Nesus Certification Sdn. Bhd