# CONFORMITY ASSESSMENT BODY
# REGISTRATION FORM

1. **Name of Company/Organization:**

2. **Registered Address:**

3. **Contact Details of Focal Person:**

**Name:** **Designation:**

**Tel No.:** **Fax No.:**

**Email:** **Website:**

4. **Company Registration Certificate:** **Date of Registration:**

5. **Organization Status:**

- ☐ Government
- ☐ Private
- ☐ Overseas
- ☐ Others (please specify):

6. **Registered Activity:**

7. **Activities currently offered:**

| |
|---|
| |

8. **Describe the relationship with other parts of a larger corporate entity, if applicable:**

| |
|---|
| |

9. **Resources:**

a) Full Time Staff

| | | | |
|---|---|---|---|
| Total number of Staff: | | Number of management staff: | |
| Number of auditors/experts: | | Number of administrative staff: | |

b) External Staff

| | | | |
|---|---|---|---|
| Number of auditors/experts: | | Others, if applicable: | |

10. **Accreditation Status:**

Please select your accreditation scheme and fill out the relevant form.

| | | |
|---|---|---|
| | Certification Body | AD1 |
| | Inspection Body | AD2 |
| | Calibration Laboratory | AD3 |
| | Testing Laboratory Testing | AD4 |
| | Proficiency Testing Provider | AD5 |
| | Validation & Verification Body | AD6 |
| | Medical Testing Laboratory | AD7 |
| | Personnel Certification Body | AD8 |

11. **Non-conflict of interest:**

Indicate whether there is any potential conflict of interest/conflict of interest by related bodies and/or members of your organization's board or other committees.

☐ Yes ☐ No

If yes, please provide details (to attach separate sheet if space is not sufficient)

_____

**12. Please submit the following documents:**

i. Copy of legal documents to prove its legal entity (Certificate of Registration/Incorporation, Act Regulation, Letter Authorization).
ii. Copy of accreditation document (or any other supporting documents, as needed).
iii. Company Profile, Organization Chart.
iv. Communication document (for gain Accredited).

**Note:**

**a) Each page of this form should be initialed or signed.**
**b) The last page of this form should include a signature with the company stamp.**

**13. Declaration:**

I _____, declare that the information on this form and any other information given are correct to the best of my knowledge.

Signature/Chop:

Name:

Designation:

Date:

**PLEASE SUBMIT TO:**

**Email:** accreditation@mofe.gov.bn

**Tel No.:** 2333964

**Accreditation Unit**
**Pusat Standard dan Akreditasi Brunei Darussalam**
Ministry of Finance and Economy
Block 19, Simpang: 32-15
Bangunan Flat Kerajaan, Kampong Anggerek Desa
Mukim Berakas A, BB3713
Negara Brunei Darussalam