



Email: customerservices@dmslnigeria.com
www.dmslnigeria.com

DMSL Client Application Form				
Applicable ISO Standard	Type of Assessment (Thick as appropriate)			
	Initial Assessment	Surveillance Assessment	Re-Certification Assessment	Transfer
ISO 9001:2015				
ISO 14001:2015				
ISO 45001:2018				
Proposed Date of Certification:				
Client Contact Details:				
Name of Company:				
Office Address:				
Company Direct Phone No.:				
Company Direct Email:				
Contact Person:				
Name				
Position in the Company:				
Contact Phone No.:				
Proposed Certification Scope:				
Proposed Scope of your ISO Management System (9001/14001/45001):				
Is there Design & Development? (Yes/No):				
Please Identify if any of your products/processes are outsourced to another organization:				
Please Outline your processes:				
Total Number of Employees within the scope of certification:				
Administration (including QA/QC)				
Sales & Marketing				
Manufacturing/Construction (Fulltime)				
Part-time (4 hours a day):				
Purchasing				
Subcontractor:				
Off Location (sales persons, drivers, service personnel)				
TOTAL:	0			



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Is there a shift? How many shifts and No. of Employees:

No. of Shift:	
No. of Employees/Shift:	
Total:	0

Are you using consultant in your Management System Development/Implementation? (If Yes, Provide Name /Organization):

Consultant Organization Name:	
Consultant Contact Person:	

The following documents are required to be submitted along with your application form:

1. Copy of Business Registration Certificate

2. If you are transferring certification, please submit a copy of previous reports and a copy of the certificate.

While it is the responsibility of DMSL Nigeria to ensure confidentiality of information provided in this form, as a certification client, you are responsible for the appropriateness and adequacy of information provided herein. If you have a question, please contact DMSL Nigeria (customerservices@dmslnigeria.com).

Client's Declaration

1. I hereby declare that the information provided in the Certification Application is correct.
2. With regard to certification information provided, we agreed that we have reviewed and understood Dominite Certification Scheme.
3. I undertake to comply with the provisions of the Certification Contract.
4. I agree to pay all fees/costs connected to the certification process.

Form Submitted By:

Client Rep's Name :

Position in the Company:

Signature with Date:

We appreciate your valuable effort spent in completing this application form.

If this form is filled electronically, print a copy and insert your official signature and company seal or stamp on the form prior to emailing the form to Head Office – Dominite Management Systems Ltd via customerservices@dmslnigeria.com.