



The Director General
SRI LANKA STANDARDS INSTITUTION
No. 17, Victoria Place
Elvitigala Mawatha
COLOMBO 08

For office use only

Table with 2 columns and 4 rows: DATE RECEIVED, REFERENCE NUMBER, NEW CERTIFICATION, RE-CERTIFICATION

I/We hereby apply for Good Manufacturing Practices (GMP) Certification Scheme established in

[Registered name of the Applicant Organization]

The particulars of my/our organization are given below:

1. GENERAL

1.1. Address (Head Office)

Address form with dotted lines for input

Telephone: Fax: E-mail:

1.2. Legal status of the organization

a) Registration authority:

b) Registration number: Date:

1.3. VAT registration number:

1.4. SVAT registration number:

2. LOCATION(S)/SITES, DEPARTMENTS/DIVISIONS AND THE NUMBER OF EMPLOYEES APPLICABLE FOR THE CERTIFICATION:

[Please indicate the permanent physical locations (subsidiaries, branches, warehouses etc.) registered under the Applicant Organization, which are to be included in the GMP certification.

Table with 4 columns: Name and address of the location/site, Name, designation & contact details, Departments/Divisions at each location/site, Total effective number of employees**

[If required Please attach a separate sheet]

**The effective number of employees consists of all full time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number).

2.1. Whether product or service realization processes operate on a shift basis,

Location/Site	Number of shifts available	Working hours of each shift	Number of employees working on a shift	Activities carried out in each shift
Head office	1	From..... to		
	2	From..... to		
	3	From..... to		
Location 1	1	From..... to		
	2	From..... to		
	3	From..... to		
Location 2	1	From..... to		
	2	From..... to		
	3	From..... to		

3. GOOD MANUFACTURING PRACTICES (GMP)

3.1. Description of products manufactured and/or services offered: (if multiple sites are available, please specify the products manufactured and/or services offered in each site separately)

Site	Product(s) manufactured and/or service(s) offered
Head office	
Location 1	
Location 2	

3.2 Scope of GMP Implemented

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3.3 Description of manufacturing process(s) and/or service(s) which has been outsourced to an external party(s):

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3.4 Desired scope of GMP certification:

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3.5 Type of certification [New Certification or Recertification]:

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3.6 If Recertification:

a) Date of first certification:

b) Validity period of previous certification: From to

c) Major changes done in the GMP System during the previous year [if any]:

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3.7 GMP System of the organization is developed by [outside consultant(s) and/or organization itself]:

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4. ANY OTHER SYSTEMS CERTIFICATION(S) OBTAINED BY THE ORGANIZATION:

4.1 Other Management systems certification(s) obtained by the organization.

STANDARD	CERTIFIED (YES /NO)	CERTIFICATION BODY
ISO 9001(QMS)		
ISO 14001 (EMS)		
ISO 22000 (FSMS)		
ISO 45000(OHSMS)		
ISO 50000 (ENMS)		
HACCP		
ANY OTHER (PLEASE SPECIFY)		

4.2 Does the organization hold any Product Certification?

If yes ;

Please specify the certification with the type of product and relevant standard:

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5. CATEGORY OF ORGANIZATION

Category of organization in terms of value of fixed assets. (This information will be treated strictly confidential and will not be divulged to any person or institution)

Type of Organization	Value of fixed assets (Excluding land and building)	Tick in relevant box
Category 1	Below LKR 1.0 Million	<input type="checkbox"/>
Category 11	LKR 1.0 Million to LKR 5.0 Million	<input type="checkbox"/>
Category 111	LKR 5.0 Million to LKR 10.0 Million	<input type="checkbox"/>
Category 1V	Above LKR 10.0 Million	<input type="checkbox"/>

6. LIAISON OFFICER

5.1. Chief Executive Officer of the Applicant Organization

a) Name:

Designation:

Telephone: Fax: E-mail:

5.2. Contact person of the organization

a) Nominee 1 [Name]:

Designation:

Telephone: Fax: E-mail:

b) Nominee 2 [Name]:

Designation:

Telephone: Fax: E-mail:

7. LEGAL OBLIGATIONS

[Please indicate the legal obligations to be abide by the Applicant Organization] (eg.: Food Regulations, CEA Regulations, NMRA Regulations, CDA Regulations, CAA Regulations, Industry Specific Regulations, compulsory product certifications etc.)

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8. DOCUMENTED INFORMATION

- a) Process flow diagrams and
- b) Process control Plan

9. DECLARATION BY APPLICANT

- 9.1 I am/We are fully informed and agree with the contents of the following documents of the Good Manufacturing Practices (GMP) Certification Scheme of the Sri Lanka Standards Institution; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement and Conditions For Use of the Good Manufacturing Practices (GMP) Certification Mark.
- 9.2 Should any initial enquiry be made by the Certifying Authority, I/ We agree to extend to the Certifying Authority all required facilities at my/our command and I/ We agree to pay all costs involved prior to the grant of the Certificate.
- 9.3 I/ We will not hold liable either the Sri Lanka Standards Institution or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at on
this day of20.....

Signature :

Name :

Designation :

For and on behalf of

[Name of the Applicant Organization]