

Royal Impact Certification Ltd.

Application Form for ISO 13485 (MD-QMS) Certification

1	Client Reference Number:
2	Organization Name:
3	Legal Status:
4	Authorized Representative:
5	Contact Information (Mobile: / Phone No: / Email: / Website Address):
6	Standard required:
7	Type of audit (single or integrated):
8	Proposed Scope of Certification: (Include product brochure if available.)
9	Complete Correspondence Address with Pin Code:
10	Total No. of Sites (If more than 1 site then mention addresses of all sites to be covered by this certification. Also mention which sites are involved in design, development and manufacturing of medical devices.):
11	No. of Shifts at each site:
12	No. of Employees – Full Time: / Part Time: / Temporary at each site in each shift:
13	Significant Business Processes & Products / Services:
14	Legal / Statutory Requirements:
15	Language Spoken:
16	Outsourced Processes:
17	Have you hired Services of Consultant? If yes provide details:
18	Details of Registration already held:
19	Status of ISO13485 documentation and its implementation:
20	Signed By (with applicant stamp): Date:

For Office Use	Remarks	Initials of receiving authority
Application received and forwarded for review		