### GENERAL INFORMATION FOR ORGANIZATION

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Address</th>
<th>Telephone Number(s)</th>
<th>Date</th>
</tr>
</thead>
</table>

### CONTACT INFORMATION FOR KEY PERSONNEL

#### 2.1 Contact Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Job Position</th>
<th>Telephone Number(s)</th>
</tr>
</thead>
</table>

#### 2.2 Quality Manager (if applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Telephone Number(s)</th>
</tr>
</thead>
</table>

### INFORMATION ON THE CONFORMITY ASSESSMENT SERVICE

#### 3.1 Type of Conformity Assessment Body

- Laboratory
- Inspection Body
- Certification Body

#### 3.2 Reference Standard for Accreditation

- ISO/IEC 17025
- ISO 15189
- ISO/IEC 17020
- Other (Please indicate the Standard)

#### 3.3 Service Requested from NAFP JA

- Self-Assessment Checklist
- ISO/IEC 17025 Quality Management System templates
- Training
- Consultancy
- Gap Analysis
- Internal Audit

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**Requesting Officer’s Name and Signature**

**Approval Authority’s Name and Signature**

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**Receiving Officer:**

**Client Reference Number:**

**Date Received:**

**Date of Application for Accreditation:**

**Comments on Accreditation Status of CAB:**