

## APPLICATION FOR FULL AFRAC MEMBERSHIP STATUS

1. Name of Applicant Organisation: .....

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**2. Address**

<p><b>2a. Head Office Street Address:</b></p>       	<p><b>2b. Head Office Postal Address:</b></p>       
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3. Do you have offices other than Head Office? .....

If yes, attach a list of the addresses of all other offices.

4. Economy (ies) of accreditation activity *(If the applicant is a multi-economy accreditation body and/or conducts accreditation in more than one economy, list all the economies):*

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5a. Economy (ies) of the location of the Accreditation Body falling in a region other than AFRAC (e.g. ARAC, SADCA, EA):

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5b. If applicable, please explain why the applicant wants to apply to AFRAC, rather than to the Regional Group in which the economy (ies) fall:

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6. Name of applicant contact person: .....

7. Position of contact person: .....

8. Telephone no. (including country code): .....

9. Facsimile no. (including country code): .....

10. E-mail address: .....

11. Legal status of the applicant (attach documentary evidence of legal identity):  
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12. History of the applicant (date of establishment, relevant background):  
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13. Applicant's relationship to a larger organization and/or government, if any:  
Please provide an organizational chart to illustrate your accreditation services and your relationship with the larger organization / government:  
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14. Membership, if any, of a Regional Group, and/or ILAC / IAF (please provide details, which shall include as a minimum: Name of the Regional Group / Partner, Dates, Scope (E.g. Testing, Calibration, etc.):  
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15. Please provide details of the accreditation services your organization provides:  
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	16. Operational period of the applicant in the scope(s)?	17. Accreditation criteria used	18. Number of accreditations granted	19. Number of applications in process
Calibration Laboratories				
Testing Laboratories				
Medical Testing Laboratories				
Inspection Bodies				
Proficiency Testing Providers				
Producers of Certified Reference Materials				
Product Certification Bodies				
Product IAF endorsed sub- scopes				
Person Certification Bodies				
Persons IAF endorsed sub- scopes				
Management Systems Certification Bodies				
Management Systems IAF endorsed sub-scopes:				
QMS				
EMS				
FSMS				

20. Please list all other accreditation programmes:

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21. Please complete the Declaration on the following page

22. Please send your completed application along with all requested documents, and the signed Declaration to the AFRAC Secretariat at [YolandaV@sanas.co.za](mailto:YolandaV@sanas.co.za).

## DECLARATION

The applicant, .....duly represented by  
(Name of Applicant):  
the undersigned:

- Declares that the information and supporting documentation provided in this application is correct;
- Accepts that in the event the application is accepted by AFRAC, the applicant shall be bound by the AFRAC Bylaws and Code of Conduct;
- Agrees to uphold and fulfill the respective requirements, obligations and terms of AFRAC Full Members;
- Declares that they are operating in accordance with the relevant accreditation standards, mandatory ILAC/IAF documents and the requirements of AFRAC and are working towards becoming an AFRAC signatory; and
- Submits the completed application to join AFRAC as a Full Member.

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(Contact person's name and contact details):

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(Contact person's position):

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(Date)

.....  
(Signature)