APPLICATION FOR MODIFICATION OF SCOPE OR RECERTIFICATION

DOCUMENT NO: BOBS.MSC.PROC6.F17	ISSUE NO: 04	EFFECTIVE DATE: 2024-06-01

Completed forms shall be hand delivered or addressed to:

The Manager - Certification Services, Botswana Bureau of Standards, Plot 55745, Main Airport Road, Block 8, Private Bag BO 48, Gaborone, Botswana.
Fax: (+267) 3903120 or email infoc@hq.bobstandards.bw

A. PURPOSE OF APPLICATION *(tick ✓ as applicable)*

Change of requirement(s) ☐ **Add** ☐ **Exclude** ☐ *of function/process/site* **Recertification** ☐

B. ORGANIZATION DETAILS

Registered Name

Certified Standard | Certificate No.

Representative

Postal Address

Physical Address

Telephone No.	*Cellphone No.*	*Fax No.*	*E-mail*

C. INFORMATION ABOUT THE MANAGEMENT SYSTEM

Please give information about the management system on the following aspects *(use an additional sheet as necessary)*

Aspect	Changed? *(Please tick ✓)*		Description of change
Documentation (manual and its associated documentation)	YES	NO	*(state any changes documentation, their nature and submit the new documents)*
Standard and Relevant regulatory or statutory requirements	YES	NO	*(state the standard for which this application is made against and the legal requirements applicable)*
Scope of certification (to be shown on the certificate of registration)	YES	NO	*(state the new scope of certification)*
Extension(s) to the scope (clauses/functions/activities)	YES	NO	*(specify the new clauses/functions/activities to be added to the certified scope of certification)*
Number of sites covered by the certification (including active temporary sites)	YES	NO	*(state the sites to be added/excluded and those already covered by the certification)*
Staff compliment (both permanent and part-time)	YES	NO	*(specify current complement and attach company structure/organogram)*
Outsourced activities	YES	NO	*(state outsourced activities/processes as apllicable)*
Shift operations & times	YES	NO	*(specify the processes/division/sections on shifts and their operating times as applicable)*

D. DECLARATION

I, the undersigned and authorized representative of the applicant organization declare that the information given in this application is correct to the best of my knowledge and belief. I undertake to inform BOBS immediately of any changes with respect to the application and accept full responsibility of any costs incurred as a result of any changes not reported to BOBS timeously.

I confirm that my organization understand how BOBS undertakes the certification process, and are familiar with the standard(s) and other criteria against which the certification is sought. Upon certification our organization agrees to comply with the BOBS Management Systems Certification Scheme and take the responsibility to pay all the certification related dues to BOBS without fail.

name	*designation*	*signature*	*date*