

March 2008

IFIA Application Form



INTERNATIONAL FEDERATION OF INSPECTION AGENCIES

Applicants for IFIA Membership:

**Please Complete the attached Questionnaire
and return it with the application fee by post to:**

**The Secretariat
IFIA
22 – 23 Great Tower Street
London EC3R 5HE
UK**

Application for Membership

All information given in responding to this questionnaire will be treated in confidence

The Articles of Association of IFIA and Council Regulations set out the criteria to be met in order to be considered for membership of IFIA. In order to assist us to process your application, would you please complete the questionnaire below and return it to IFIA.

IFIA Council Regulation 1, which sets out the membership criteria, is available to be downloaded from the IFIA website.

Notes to Assist the IFIA Membership Application Process

If you wish to apply for membership, the application process is in four steps:

1. The first is completion of the Application Form. Please complete and sign the Application Form and attach extra sheets if necessary to contain all relevant information. (Please note that direct discussion with the Director General is encouraged at this stage.) Then please return the completed Application Form and relevant documents to IFIA (see contact address on IFIA website) together with an application fee of £350 (Cheques payable to IFIA, or by Bankers Draft) to cover the expense of IFIA in reviewing and processing your application. This is a non-returnable application fee. On receipt of the application fee IFIA will issue an invoice to you for that amount.
2. Your application will then be reviewed by the Director General and Secretary of IFIA to ensure that the intent of the membership regulations is satisfied. (Council Regulation 1 para 20.1 and 20.2)
3. The Director General or Secretary, or someone appointed by IFIA, will then arrange to visit you in order to review with you the precise manner in which your company complies with the membership criteria. This visit will also enable you to discuss with IFIA the objectives and working of IFIA. (Council Regulation 1 para 20.3)
4. When the Director General is satisfied that you fully meet the IFIA membership criteria he will submit your application to the Council of IFIA for approval. (Council Regulation 1 para 20.4)

The third step will incur the costs of an auditor's visit and travel expenses. IFIA will estimate the cost of such an audit when it knows more about the size of your company and the location of your offices and will then ask you for a payment in advance to cover those costs.

Note 1. IFIA has a group membership structure, which means that if your business operates as a group of subsidiary or associated companies the group as a whole may become a Member of IFIA, subject to all group members meeting the membership criteria. In this case one company (usually the group holding company or principal operating company) is designated as the IFIA Member and represents the other group companies. If this applies to your business you should complete question 3.2 of the application form.

Note 2. With regard to question 10, if you do not have a certified or accredited quality management system covering all of your predominant permanent service units at the time that you wish to make your membership application, you are invited to discuss how this may affect your application process.

Note 3. Question 11 on the Application Form relates to implementation of the IFIA Compliance Code. IFIA invites you to discuss the practicalities and timescale of your company's implementation of an approved compliance programme when you are preparing your application. You will probably not have all the elements of such a programme in place at the time of application but it will be necessary to assure the IFIA Council, as and when a recommendation is made that your company be accepted into IFIA membership, that you have adopted an approved version of the Code and that its implementation throughout your organization is in progress. Paragraph 18 of Council Regulation No. 1 specifies the time scale within which an external auditor's Assurance Report will be required under the Compliance Code in respect of new Members.

Note 4. Where the applicant for IFIA membership is a particular subsidiary or division of a larger group, and other parts of the group wish to remain outside IFIA, special provisions apply as set out in Paragraph 14 of Council Regulation No. 1. In this case question 12 of the Application Form should be completed.

Note 5. With regard to Paragraph 16 of Council Regulation No. 1, the only sector specific membership requirements currently applicable relate to Pre-shipment Inspection (PSI) business. If you indicate in your application form that you are active in this sector, you will be provided with further details.

Note 6. Sector specific technical requirements as referred to in Paragraph 17 of Council Regulation No. 1 can be found in the Guidelines section of this website.

Note 7. Please note that Associated Membership, as referred to in Paragraph 4 of Council Regulation No. 1, is not available for companies engaged in the inspection business but may be granted to other organisations with an interest in the Profession.

For further assistance, contact the Director General.

INTERNATIONAL FEDERATION OF INSPECTION AGENCIES

Questionnaire for completion by applicants

1 Applicants details [If the application covers a group of companies, these details should relate to the group head office or other entity which will be nominated as the group's representative in the event of admission to membership of IFIA]

1.1 Full name of applicant entity

1.2 Registered address

1.3 Operational address if different from 1.2

1.4 Telephone number

1.5 Fax number

1.6 E-mail address

1.7 Web site address

1.8 Date of foundation of the business

2. Category of Member (Council Regulation 1 para. 2)

What is the annual turnover of your group of companies and which is relevant to the activities of IFIA. Is the turnover:

Less than €10m

€10m - €100m

€100m - €300m

€300m - €500m

€500m - €800m

More than €800m

3. Legal Status of the Member (Council Regulation 1 para. 3)

3.1 What is the legal status of your company? **[Complete either A, B, C or D]**

A. Limited company quoted on a stock exchange

A.1 If quoted, state which stock exchange

A.2 Issued Capital

B. Limited private company

B.1 Names of controlling shareholders

B.2 Issued Capital

C. Unincorporated Firm or Partnership

C.1 Full names of all the partners or proprietors

D. Trust, Foundation or other legal entity

D.1 Please describe legal status and ownership

3.2 [To be answered by Applicants for Group Membership Only]

3.2.1 Please provide a list of the names and/or countries of operation of all companies or firms which you would like to be included in your group membership:

3.2.2 Is every company included in this list either a Subsidiary or Associated Company of the group holding company (or a Related Firm in the case of partnerships), ie either at least 50% owned or under effective management control or the subject of substantial long term investment giving significant influence to the investing company?

Yes

No

If 'No' please provide details:

4. Fields of Activity of the Member and its Organisation (Council Regulation 1 para. 6 and 13)

4.1 Please give a brief explanation of the business of your company or group and the sectors of business in which you are active. A copy of your Annual Report and any group directory would be helpful:

4.2 In respect of activities falling within the Profession (as defined in Council Regulation 1, para. 6):

4.2.1 Indicate, by ticking the relevant box(es), the sector(s) of business in which your company or group is active:

- | | |
|--|--------------------------|
| Agricultural and Vegetable Oils | <input type="checkbox"/> |
| Consumer & Industrial Products | <input type="checkbox"/> |
| Industrial Services | <input type="checkbox"/> |
| Minerals | <input type="checkbox"/> |
| Petroleum & Petrochemical | <input type="checkbox"/> |
| PSI (Pre-Shipment Inspection under Government mandate) | <input type="checkbox"/> |
| Systems Certification | <input type="checkbox"/> |
| Trade Security Services | <input type="checkbox"/> |
| Other significant sectors | <input type="checkbox"/> |

If you have ticked the last box, please describe the sector(s):

4.2.2 Please provide a listing of all office locations relevant to these activities:

4.2.3 What is the total number of staff employed by your company either on a permanent, contract or part time basis in these activities?

4.2.4 How many of these staff are full time permanent employees?

4.3 Please list any companies, firms or other bodies under your effective legal or management control which are engaged in activities falling outside the Profession (as defined in Council Regulation 1, para. 6) and briefly describe the fields of business in which they are active:

5. Independence (Council Regulation 1 para. 7)

Is your company and every group member company to which this application relates an independent third party organisation and which fully complies with all of the requirements of Council Regulation 1 paragraph 7?

Yes

No

6. Ownership (Council Regulation 1 para. 8)

Does any Government or Government agency have any shareholding in your company or any group company to which this application relates?

Yes

No

If the answer to this question is yes, please advise which Government and the size of their shareholding:

Does any Government or Government agency have any management involvement in your company or any group company to which this application relates? e.g. Directors on the Board , Members of Committees, Task Forces etc

Yes

No

Does any Government or Government agency have any contractual arrangements or other connections with your company or any group company to which this application relates? If yes please explain what these are

Yes

No

7. Management (Council Regulation 1 para. 9)

Has any Director or Officer of your company or any group member company been convicted of any offence related to the management of any company or its business?

Yes

No

8. Financial Resources (Council Regulation 1 para. 10)

What is the current issued share capital of your company (including any relevant group companies)?

You will be required to provide a statement from your auditors or other competent authority that the net assets of your company are not less than the issued capital.

9. Professional Liability Insurance (Council Regulation 1 para. 11)

Are all of the activities of your company (or group of companies) relevant to IFIA, covered by adequate professional liability insurance?

Yes

No

What risk assessment analysis was carried out to determine the level of insurance?

Who carried out this assessment?

10. Quality Management System Certification (Council Regulation 1 para. 12)

With which international standard(s) does your company's quality management system comply?

Please attach a copy of the current certification/accreditation body certificate (including annexes) confirming compliance with the appropriate international standard in respect of all companies or firms included in this application.

11. Compliance Programme (Council Regulation 1 para. 13)

If admitted to membership of IFIA, do you expect to be able to demonstrate implementation of the IFIA Compliance Code throughout your Organisation, as required by paragraph 13 of IFIA Council Regulation 1 within the first year of your membership?

Yes

No

12. Subsidiary Company (Council Regulation 1 para. 14)

Is the Applicant for IFIA membership a subsidiary or division of a larger group?

Yes No

If the answer to this question is Yes, are all of the group's worldwide activities in the business sector(s) identified in Q4.2.1 above undertaken by, or under the control of, this subsidiary or division?

Yes No

Please identify the group parent company which will, if required, provide the undertaking referred to in paragraph 14 of IFIA Council Regulation 1:

13. Staff Qualifications (Council Regulation 1 para. 15)

Does all of your staff involved with the inspection/testing process fully comply with Regulation 1 paragraph 15?

Yes No

Signed: _____

Date: _____

Print Name: _____

Position: _____