

International Federation of Inspection Agencies

Application form



Applicants for IFIA Membership:

Please complete the attached questionnaire and return it by post to:

The Secretariat
IFIA
1 Paternoster Square
London
EC4M 7DX
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 £500 to cover the expense of IFIA in reviewing and processing your application. Please contact the IFIA Secretariat (secretariat@ifia-federation.org) for bank transfer details. 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. Normally this will include a face-to-face meeting between the Director General and a representative of the applicant's senior management team (Council Regulation 1 paragraph 1.6.2)
- 3. The Director General will then arrange for IFIA's auditors (using a branch local to you where possible) to visit you in order to review, on behalf of IFIA, the information that you have provided and to gather additional information to enable the Director General to assess your compliance with the membership criteria and your suitability for IFIA membership. This third step will incur the costs of the auditor's visit and any travel expenses. The cost of this audit will be estimated in light of the size of your company and the location of your offices. You will then be asked for payment in advance to cover those costs. The overall audit costs are unlikely to exceed the annual membership subscription for a C2 Member of IFIA. (Council Regulation 1 paragraph 1.6.3).
- 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 paragraph 1.6.4)



- Note 1. IFIA has a group membership structure, which means that if your testing/inspection/ certification business operates as a group of subsidiary or associated companies the group as a whole has to become the 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 12 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 organisation is in progress. Paragraph 1.4 of Council Regulation No. 1 specifies the time scale within which an external auditor's Report will be required under the Compliance Code in respect of new Members.
- Note 4. Sector specific technical requirements as referred to in Part 2 Requirement 2.14 of Council Regulation No. 1 can be found in the Committees section of the IFIA website.
- Note 5. Please note that Associated Membership, as referred to in paragraph 1.2.3 of Council Regulation No. 1, is only available for companies engaged in the testing/inspection/certification business which are subject to ownership by a national government, government agency or government controlled entity and have satisfied the requirements for associated membership under Council Regulation 5.

For further assistance, please contact the Director General.



International Federation of Inspection Agencies <u>Questionnaire for completion by applicants</u>

PART 1 DETAILS OF THE APPLICANT

1.	Applicant's 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	Website address		
1.8	Date of foundation of the business		



2. Category of Membership (Council Regulation 1 para	agraph 1.2)
What is the annual turnover of the applicant group of companies? (please specify currency)	
Please specify the period to which the above turnover appl (eg financial year to end December 2014)	lies
Which category of IFIA membership are you applying for? A1 Greater than 800 million Euros? A2 Between 500 million and 800 million Euros? B1 Between 300 million and 500 million Euros? B2 Between 100 million and 300 million Euros? C1 Between 10 million and 100 million Euros? C2 Less than 10 million Euros?	
3. Legal Status of the Applicant (Council Regulation 1	paragraph 1.2.2)
3.1 What is the legal status of the applicant? [Complete	either A, B, C or D]
A. Limited company quoted on a stock exchange	
A.1 If quoted, state which stock exchange	
B. Limited private company	
B.1 Names of controlling shareholders	
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		answered by applicants for group membership only. Please see Note 1 for the explanation of group membership
3.2.1 Please provide a list of the names and/or countries of operation of all cor or other legal entities included in your application for group membership:		
		or other regar crimines included in your application for 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), that is 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
PAR		ONFORMITY WITH IFIA'S MEMBERSHIP REQUIREMENTS (See Counciegulation 1)
1.		of Activity of the Applicant and its Organisation (Council Regulation 1 rement 2.1)
		e give a brief explanation of the business of your company or group and the sectors iness in which it is active. Please attach a copy of your Annual Report and any directory if available:



1.2		In respect of activities failing within the Profession (as defined in Council Regulation 1 Requirement 2.1):		
	1.2.1	Indicate, by ticking the relevant box(es), the sector(s) of business in which your company or group is active. Please see the IFIA website (www.ifia-federation.org) 'Committees' for details of the following sector activities:		
		Testing/inspection of Agricultural Products		
		Testing/inspection of Mineral Products		
		Testing/inspection of Petroleum/Petrochemical Products		
		Inspection of imports for Governments		
		Inspection of Industrial Services		
		Testing/inspection/certification of Consumer/Industrial Products		
		Testing/inspection/certification of Food Products		
		Social Compliance Auditing		
		Other testing/inspection/certification services. Please specify:		
1.2.2	the a	at is the total number of personnel employed by applicant either on a permanent, contract or part basis in these activities?		
1.2.3	How pern	many of these personnel are full time nanent employees?		



1.3	Please list any companies, firms or other bodies under your effective legal of management control which are engaged in activities falling outside the Profession (a defined in Council Regulation 1 Requirement 2.1) and briefly describe the fields of business in which they are active:	
2.	Date of commencement in the business of the Profession (Council Regulation 1 Requirement 2.2)	
3.	Management (Council Regulation 1 Requirement 2.3)	
	any Director or Officer of the applicant company or other group member company been icted of any offence related to the management of any company or its business?	
	Yes No	
4.	Financial Resources (Council Regulation 1 Requirement 2.4)	
appli	Corporations, what is the current issued capital of the cant company (including any relevant group companies)? se state the currency	
that t	may be required to provide a statement from your auditors or other competent authority the net assets of your company are not less than the issued capital, or for applicants that not Corporations, an equivalent statement of assurance.	
5.	Professional Liability Insurance (Council Regulation 1 Requirement 2.5)	
Are a	all of the activities of the applicant covered by adequate professional liability insurance?	
	Yes No	
Wha	t risk assessment analysis was carried out to determine the level of insurance?	



Who	carried out this assessment?
6.	Subsidiary Company (Council Regulation 1 Requirement 2.6)
Is th	e Applicant for IFIA membership a subsidiary or division of a larger group?
	Yes No
sect	e answer to this question is Yes, are all of the group's worldwide activities in the business or(s) identified in Q1.2.1 above undertaken by, or under the control of, this subsidiary or sion?
	Yes No
7.	Independence and Ownership (Council Regulation 1 Requirement 2.7)
7.1	Is the applicant an independent third party organisation and which fully complies with all of the requirements of Council Regulation 1 Requirement 2.7?
	Yes No
7.2	Does any trader, broker, insurance company or other such user of the services of the Profession have any shareholding or management involvement in your company or any group company to which this application relates?
	Yes No
If the	e answer to this question is yes, please provide details
7.3	Does any Government or Government agency have any shareholding or management involvement 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 nature of their shareholding and/or management involvement:		
8.	Conflicts of Interest (Council Regulation 1 Requirement 2.8)	
8.1	Is the applicant and/or its personnel the designer etc (as specified in Part 2 Requirement 2.8) of any goods, services or materials that are subject to the applicant's testing/inspection/certification activities?	
	Yes No	
8.2	Does the applicant have processes and controls in place to prevent conflicts of interest that might threaten the independence of judgement and integrity of its personnel?	
	Yes No	
9.	Impartiality, Independence and Integrity (Council Regulation 1 Requirement 2.9)	
inde	s the applicant have processes and controls in place to ensure its impartiality, pendence and integrity and those of its personnel in the provision of the applicant's ng/inspection/certification activities?	
	Yes No	
10.	Quality Management System Certification (Council Regulation 1 Requirement 2.10)	
With	which international standard(s) does your company's quality management system ply?	

Please attach to this application form a copy of the current certification/accreditation body certificate (including annexes) confirming the applicant's compliance with the appropriate international standard.



11.	Health and Safety Management Programme (Council Regulation 1 Requirement 2.11)		
Does	Does the applicant have a Health and Safety Management Programme currently in operation?		
	Yes No		
If the	answer to the above is 'No' please answer the following question.		
а Не	mitted to membership of IFIA, do you expect to be able to demonstrate implementation of ealth and Safety Management Programme throughout your organisation, as required by uirement 2.11 of IFIA Council Regulation 1 within the first year of your membership?		
	Yes No		
12.	Compliance Programme (Council Regulation 1 Requirement 2.12)		
12.1	Does the applicant have any form of Compliance Programme currently in operation?		
	Yes No		
12.2	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 Requirement 2.12 of IFIA Council Regulation 1 within the first year of your membership?		
	Yes No		
13.	Personnel Qualifications (Council Regulation 1 Requirement 2.13)		
13.1	Do all of the applicant's personnel involved with the testing/inspection/certification process fully comply with Council Regulation 1 Requirement 2.13?		
	Yes No		
13.2	Do you have any form of Training Programme currently in operation to ensure ongoing compliance with the above requirements?		
	Yes No		



14. Sector Specific Requirements (Council Reg	ulation 1 Requirement 2.14)
If you are active in a sector that has additional me you willing to implement fully these sector specific re	
Yes No	
Please see the Committees section of the IFIA was additional membership criteria and codes of practice	
15. National Prohibitions	
Please provide information on any governmental o the last three years, has prohibited any part of your	
Signed:	Date:
Print Name:	_
Position:	<u> </u>

