**AUDITING ORGANISATION RECOGNITION (AOR) PROGRAMME**

**Application Form**

INSTRUCTIONS:

1. This application form is applicable to:
2. Accredited third party Auditing Organisation seeking recognition as a new applicant;
3. Recognised Auditing Organisation seeking for renewal of recognition; and/or
4. Recognised Auditing Organisation seeking for change in company information.
5. Please submit a request for the Auditing Organisation Recognition (AOR) Programme Terms and Conditions through SFA’s [online feedback form](https://csp.sfa.gov.sg/feedback) and select “Other enquiries or feedback” as the feedback category.
6. Please also read and understand the Auditing Organisation Recognition (AOR) Terms and Conditions before filling up this application form.
7. This application will take about 15-30 minutes to complete. All fields are required unless otherwise stated.
8. The completed form must be signed by an authorised company representative by inserting a digital signature.
9. Please submit the completed form and required documents with the subject as ‘RE: Auditing Organisation Recognition Programme (New Recognition/ Renewal/ Change in Company Info\*)’ by email. Please request for the email through SFA’s [online feedback form](https://csp.sfa.gov.sg/feedback) and select “Other enquiries or feedback” as the feedback category.

*\* Please indicate where applicable*

1. The recognition status is valid for a period of 1 year. The recognised auditing organisation shall initiate the renewal process by ensuring that the completed form and required supporting documents are received by SFA no earlier than **four (4)** months and no later than **two** **(2)** months prior to the recognition expiration date.
2. For changes in company information or expansion in the list of auditors, auditing organisations are required to submit the duly filled Application Form and supporting documents to SFA.
3. If there are any changes to the details provided in this application, please promptly notify SFA of the changes in writing.

*For Official Use by SFA Only:*

App Ref No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. Request Type |
| New Application for Recognition  Renewal of Recognition (AOR Cert. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Change in Company Information (AOR Cert. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Scope of Recognition** |
| Premise Audits on Food Establishments |

|  |  |
| --- | --- |
| 2. Organisation Details |  |
| Auditing Organisation Name | Unique Entity Number (UEN) |
|  |  |
| Major Activities of Organisation | |
|  | |

|  |  |  |
| --- | --- | --- |
| 3. Details to be Listed on SFA Website | For Renewal and Change in Company Information, if no change, please check here | |
| Name of Auditing Organisation | | |
|  | | |
| Website | | |
|  | | |
| Address of Auditing Organisation Premise | | |
|  | | |
| Postal Code | |  |

|  |  |  |
| --- | --- | --- |
| 4. Organisation Chart Details | | For Renewal and Change in Company Information, if no change, please check here |
| Authorised Representative for AOR (Refer T&Cs Clause 9.1)  Point of contact and person responsible for the compliance with AOR Programme requirements | | |
| Salutation & Name |  | |
| Designation |  | |
| Contact Number (Mobile & Office) |  | |
| Email Address |  | |
| Top Management Representative | | |
| Salutation & Name |  | |
| Designation |  | |
| Approved Signatory | | |
| Salutation & Name |  | |
| Designation |  | |
| Finance Representative | | |
| Salutation & Name |  | |
| Designation |  | |
| Organisation Staff Strength (only personnel involved in CT 17 and AOR programme) | | |
| Management |  | |
| Auditor |  | |
| Administrative / Finance / Support / Others |  | |
| Total |  | |

|  |  |  |
| --- | --- | --- |
| 5. Details of Accreditation (CT 17 Appendix III) | | For Renewal and Change in Company Information, if no change, please check here |
| Accreditation Body | | |
|  | | |
| Date of Initial Accreditation | Expiry Date of Current Accreditation | |
|  |  | |
| Indicate the periods of suspension by the accreditation body within the past 24 months and the reasons for suspensions, if any. If none, please indicate “N.A.” | | |
| Period of Suspension | Reasons | |
|  |  | |
|  |  | |

|  |  |
| --- | --- |
| 6. Scope of Application | If no change to existing schedule, please check here |
| New Application for Recognition  Please ensure that the audit methods that your organisation wishes to apply recognition for under AOR is accredited when applying.  Renewal of Recognition  Please ensure that the audit method is accredited when applying. Please tick the above check box if there is no change to the existing schedule to be considered for the renewal round. | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. Nominees for Authorised representative under AOR | | | | | For Renewal and Change in Company Information, if no change, please check here | | | |
| Please fill in details of nominated personnel to be appointed as Authorised representative under the Auditing Organisation Recognition Programme. | | | | | | | | |
| S/N | Full Name | NRIC  (last 4 alphanumeric characters) | Designation | Highest Qualification | | Experience in Food Safety Audits (Months) | Completed Mandatory Training Courses? (Y/N) | New Nominee? (Y/N) |
| 1 |  |  |  |  | |  |  |  |
| 2 |  |  |  |  | |  |  |  |
| 3 |  |  |  |  | |  |  |  |
| 4 |  |  |  |  | |  |  |  |
| 5 |  |  |  |  | |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 8. Nominees for Approved signatory under AOR | | | | For Renewal and Change in Company Information, if no change, please check here | | | |
| Please fill in details of nominated personnel to be appointed as Approved signatory under the Auditing Organisation Recognition Programme. | | | | | | | |
| S/N | Full Name | NRIC  (last 4 alphanumeric characters) | Designation | Highest Qualification | Experience in Food Safety Audits (Months) | Completed Mandatory Training Courses? (Y/N) | New Nominee? (Y/N) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 9. Nominees for Auditor under AOR | | | | | For Renewal and Change in Company Information, if no change, please check here | | |
| Please fill in details of nominated personnel to be appointed as Auditor under the Auditing Organisation Recognition Programme. Please ensure that the nominees met the requirement, qualifications and understood their respective roles under the AOR programme. | | | | | | | |
| S/N | Full Name | NRIC  (last 4 alphanumeric characters) | Designation | Highest Qualification | Experience in Food Safety Audits (Months) | Completed Mandatory Training Courses? (Y/N) | New Nominee? (Y/N) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

|  |
| --- |
| 10. Required Supporting Documents |
| For New / Renewal\* / Change in Company Information\* Applications: |
| A copy of the ACRA Company Bizfile (dated no more than one (1) year)  A copy of the valid CT 17 Appendix III accreditation certificate  A copy of the latest CT 17 accreditation schedule  Organisation Chart  Latest external certification and surveillance assessment reports with audit findings and corrective actions issued by AO in the scope of Food Establishment Audits  Briefing or communication records on legal obligations and Programme responsibilities of auditor  Training activity records of auditor  Auditing methods and procedures  A copy of the signed Curriculum Vitae (CV), highest educational certificate, and compulsory training course certificates for each auditor and approved signatory  Records of accreditation suspension in the past 24 months (if any)  \*Not required to submit the documents again if there are no updates since the last submission |

|  |  |
| --- | --- |
| 11. Declaration | |
| *I declare that:*  I agree to comply to all the provisions and clauses (including annexes) in the Auditing Organisation Recognition (AOR) Programme Terms and Conditions.  The information given in this form and any other information given in support of this application are to the best of my knowledge, accurate and there is no intentional falsification.  I accept that the organisation will pay all fees due to SFA, whether or not recognition is granted.  I qualify as the authorised representative as stated in the AOR Programme Terms and Conditions Clause 9.1 and have been authorised to submit this application. | |
| Name of Authorised Representative |  |
| Designation |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| *For Official Use by SFA Only:* | |
| **Conclusion: Outcome of Documentary Review** | |
| Satisfactory – Proceed to Arrange for On-Site Verification Audit  Not satisfactory – Proceed to Request for More Supporting Documents  Not satisfactory – Proceed to Inform Decision and Reasons for Ineligibility | |
| Evaluated by  (Name, Title, Date) |  |
| Approved by (Name, Title, Date) |  |