CONFORMITY ASSESSMENT BODY
REGISTRATION FORM

1. **Name of Company/Organization:**

2. **Registered Address:**

3. **Contact Details of Focal Person/Authorised Representative:**

Name:

Designation:

Tel No. (Office):

Tel No. (Mobile):

Email:

Website:

4. **Company Registration Certificate:**

Date of Registration:

5. **Organization Status:**

- ☐ Government
- ☐ Private
- ☐ Overseas
- ☐ Others (please specify):

6. Registered Activity:

7. Activities currently offered:

8. Details the relationship with other parts of a larger corporate entity, if applicable:

a) Name of Entity:

b) Relationship description:

9. Resources:

a) Full Time Staff

Total number of Staff:		Number of management staff:	
Number of auditors/experts:		Number of administrative staff:	

b) External Staff

Number of auditors/experts:		Others, if applicable:	

10. Scope of Registration:

10.1 Please select the service you are registering and fill out the relevant form.

	Certification Body
	Inspection Body
	Calibration Laboratory
	Testing Laboratory
	Proficiency Testing Provider
	Validation & Verification Body
	Medical Testing Laboratory
	Personnel Certification Body

10.2 Please indicate whether you provide conformity assessment laboratory services for construction sector.

☐ Yes ☐ No

If yes, please fill in the **PSABD/ABCi-01 Assessment Form.**

11. Non-conflict of interest:

Indicate whether there is any potential conflict of interest/conflict of interest by related bodies and/or members of your organization's board or other committees.

☐ Yes ☐ No

If yes, please provide details (to attach separate sheet if space is not sufficient)

_____

12. Please submit the following documents:

i. Copy of legal documents to prove its legal entity (Certificate of Registration (Business Name Act 16/17 or Companies Act, Chapters 39); Act Regulation, Letter of Authorization).

ii. Copy of accreditation document (or any other supporting documents, as needed).
For existing accreditation, please provide:
   a. Copy of Accreditation Certificate
   b. Copy of Accreditation Scope
   c. Copy of the Latest Assessment Report

iii. Company Profile, Organization Chart.

iv. Communication Document (for seeking foreign Accreditation, if applicable).

Note:

a) Each page of this form should be initialed or signed.
b) The last page of this form should include a signature with the company stamp.
c) Application Validity: The application is valid for a period of 6 months from the date of the official application.

13. Declaration:

As the Authorised Representative, I declare that the information on this form and any other information given are correct to the best of my knowledge. I am fully aware that if I gave any

information which is false, I will be liable to prosecution under the Penal Code (Section 177 & 182).

I further understand that obtaining registration from PSABD does not constitute as an accreditation by PSABD.

Signature/Company seal:	Name:
	Designation:
	Date:

PLEASE SUBMIT TO:

Email: accreditation@mofe.gov.bn

Tel No.: 2333964

Accreditation Unit
Pusat Standard dan Akreditasi Brunei Darussalam
Ministry of Economy, Trade and Industry
Block 19, Simpang 32-15
Bangunan Flat Kerajaan, Kampong Anggerek Desa
Mukim Berakas A, BB3713
Negara Brunei Darussalam