

# AUDIT/VERIFICATION APPLICATION FORM

## Section 1: Service Request

### 1.A – AUDIT PROGRAM/PROTOCOL

#### Intertek Community Programs:

☐ WCA ☐ SQP ☐ GSV [Click here – for more details](#)

☐ Inlight Network [Click here for more details](#)

#### Industry Association Programs:

☐ amfori BSCI ☐ amfori QMI ☐ amfori BEPI ☐ ICS ☐ RBA ☐ SA8000  
☐ SLCP ☐ SMETA 4 Pillar ☐ SMETA 2 Pillar ☐ WRAP

If audit program is applicable, please provide a list of your clients that you will share the audit report with (we will arrange the audit according to your client's requirement, for example, some clients only accept semi-announced audit, etc.)

#### Client Specific Programs (please specify client name/s):

If audit program applicable, **please provide a list of your clients that you will share the audit report with** (Intertek will arrange the audit according to your client's requirement, for example, some clients only accept semi-announced audit, etc.). By signing this audit request form, you authorised Intertek to send a copy of the audit report, alerts and any supplementary audit information to the customers that you listed above.

### 1.B- AUDIT TYPE & AUDIT DATE

#### Audit Type:

☐ Full Initial ☐ Annual Audit / Renewal Audit  
☐ Follow-up Audit ☐ Other  
☐ SMETA (complete section 5)

#### Audit Announcement:

☐ Announced ☐ Unannounced  
☐ Semi – Announced with window period

#### Desired Audit Date/Period (DD-MM-YYYY to MM-YYYY):

#### Blackout Dates:

(For semi-announced audit, please provide blackout dates)

## Section 2: Details of Physical Facility to be Assessed

### 2.A - GENERIC INFORMATION

<b>Audited Facility Company Name:</b> (English & local language)			
<b>Site Address:</b> (English & local language) Provide application form per site if the facility has additional sites remote from the above primary premises to be audited			
<b>Location of the Employee Documents:</b> (Provide address if employee documents (e.g., hr / pay roll/ time attendance records) are stored in a different location)			
<b>Company Registration Number:</b>			
<b>Office/Facility Working Hours:</b>			
<b>Production Shift/Time:</b>		Shift 1/Time	
		Shift 2/Time	
		Shift 3/Time	
<b>Peak Seasonality Periods</b> (if applicable) (DD-MM-YYYY to MM-YYYY):			
<b>Shutdown Periods</b> (if applicable) (DD-MM-YYYY to MM-YYYY):			
<b>Primary Facility Contact &amp; Title:</b>		<b>Secondary Facility Contact &amp; Title:</b>	
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Phone:</b>		<b>Phone:</b>	

## 2.B - SITE INFORMATION

Facility Size:	Facility Land Size (m2):			
	Total Facility Floor Size (m2):			
Number of Buildings:	Production:		# Onsite Dormitory:	
	Warehouse:		Other (specify):	
Offsite Dormitories:	Address 1:			
	Address 2:			
	Address 3:			
<b>Labor Providers and/or Other Service Providers at the Audit Site</b> (Provide the name of each labor and other service provider and roles, E.g., Labor agency, security, janitor, etc.)	Type:		Name:	
	Type:		Name:	
	Type:		Name:	
	Type:		Name:	

## 2.C - EMPLOYEE INFORMATION

<b>Total Number of Employees:</b> (Provide the total number of employees at the audit site that falls under business license or the full premises)				
Employee Breakdown by Gender:	Male		Female	
Number of Employee Breakdown:	Permanent Employee		Temporary/Agency	
	Migrant labour		Home workers	
Employee Type Breakdown:	# Production Employees		# Office/Admin staff	
	# Management			
Language Spoken by Employee:	Language 1:		Total workforce in %	
	Language 2:		Total workforce in %	
	Language 3:		Total workforce in %	
	Language 4:		Total workforce in %	
	Language 5:		Total workforce in %	
Language Spoken by Management:	Language 1:		Language 2:	

## 2.D-PRODUCT CLASSIFICATION OF THE FACILITY TO AUDIT

**For Manufacturing Facility:**

(Describe What Product Do You Produce)

**For Non-Manufacturing Facility:**

(Describe Your Business)

## Section 3: Information of Applicant: (Complete ONLY If Different From Facility)

### 3.A-INFORMATION OF APPLICANT

**Company Name:**

(English & Local Language)

**Address:**

(English & Local Language)

**Contact Name & Title:**

**Phone:**

**E-mail:**

**Fax:**

### 3.B-INFORMATION OF VENDOR (IF APPLICABLE)

**Company Name:**

(English & local language)

**Address:**

(English & local language)

**Contact Person Name & Title:**

**Phone:**

**E-mail:**

**Fax:**

## Section 4: Payee Details (Complete ONLY if applicant is payee)

### 4.A-INVOICING DETAILS

**Company Name: \***

(English & local language)

**Address: \***

(English & local language)

**Invoicing Contact Name: \***

**Phone: \***

**E-mail: \***

**Tax/VAT Number: \***

(If applicable)

\*Mandatory Information

## Section 5: SMETA Audit Additional Information

**SMETA Audit Type:**

- ☐ Full Initial\*
- ☐ Periodic\*
- ☐ Full Follow-up\*
- ☐ Partial Follow-Up\*
- ☐ Partial Other\* - define here:

<b>Sedex Company Reference:</b> (Only available on Sedex System if applicable)  <b>ZC:</b>		<b>Sedex Site Reference:</b> (Only available on Sedex System if applicable)  <b>ZS:</b>	
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**Do you have access to Sedex SAQ?** (Self-assessment Questionnaire)

☐ Yes

☐ No

**SEDEX Fee:**

£150 for Sedex member with ZS Code

£200 per NON-SMETA audit for SEDEX member

**Audit Upload Fee:**

(Mandatory to upload to Sedex)

£ \_\_\_\_\_ to upload SMETA

£ \_\_\_\_\_ to upload Non SMETA report

**Desktop Verification:**

There is an extra cost for Desktop verification.  
Please contact your local Intertek office for prices

## Section 6: Declaration of Consent (only applicable for Intertek Programs audit)

### 6.1 Declaration of Consent for Intertek Community Programs ONLY – GSV/SQP/TGI/WCA

- a. The goal of the Intertek Community Programs is to help the manufacturing and export community to avoid redundant assessments/audits. Manufacturers/facilities that voluntarily choose to participate in these Programs agree to an on-site independent assessment/audit, to measure and verify the compliance of their operation/ management systems with the standards outlined in the relevant Programs.
- b. At the end of an on-site audit, if the audit meets the required performance criteria ("Successful Audit"), Intertek will grant an Achievement Award/ Record of Participation to the applicant.

**Performance Criteria:** Achievement Award / Record of Participation (ROP)

- TGI and WCA: Overall score 85 or above and without Zero Tolerance or Major Finding.
  - SQP: 85 score or above and without Major Finding.
  - GSV ROP: 76 score or above
- c. By signing this application form, the applicant expressly authorizes Intertek to share the audit report of a Successful Audit with Intertek's other standard community members.
  - d. The applicant agrees that Intertek is entitled to list the Achievement Award / Record of Participation (ROP) information on the Achievement Award / ROP directory which will be posted on the related Intertek website for the Programs.
  - e. The follow up audit (if applicable) shall be completed within 6 months from initial/annual/renewal audit, otherwise, no Achievement Award could be granted.

### 6.2 Further declaration of consent where the applicant is not the audited facility/manufacture

Unless otherwise agreed between the parties, where the applicant is not the audited facility/manufacture, the applicant agrees that a copy of the audit report and of the physical Achievement Award / ROP (if any) will be issued to the facility/manufacture audited. Unless otherwise specify, it is the responsibility of applicant, prior to apply for these audit services, to seek the permission from the facility/manufacture to be audited for Intertek to share the results of the audit with the relevant clients requesting for the audit results.

## Section 7: Additional Information/Obligations

To make sure Intertek receive the requisition form, kindly follow up with a phone call. The audited facility must ensure that the relevant audit document is available at the location of the audit at time of the audit. Failure to have proper documents on-site at the time of the audit may result in issuance of nonconformity. The audited facility should be in full operation at the time of audit, otherwise it may result in cancellation of audit.

By signing this Audit Application form, we hereby apply for the above services and expressly agree to the terms set out in this Audit Application Form, including Intertek Specific Terms and conditions set out on page 6 and Intertek General Terms and Conditions of Services as set out on page 7 of this Audit Application form. Please note of the Auditing Services Definition/Conditions are only relevant if you are the payee.

Any amendment to this form should be first reviewed and approved by Intertek before being legally binding.

Date of Application:

Application Completed By:

Signature of Applicant:

**Signature acknowledges receipt of the Intertek standard terms and conditions and applicable annexes located via the link provided here: [Terms and Conditions](#) (Please take the time to read and understand).**

## AUDITING SERVICES DEFINITION/CONDITIONS

TERMS	DEFINITION/ CONDITION	RATE
Onsite Audit Access	The facility managements shall be responsible to ensure full cooperation in providing access to all areas of the facility and an appropriate work environment for auditors to conduct their job in accordance with the audit scope. This may include employees for confidential interviewing, documentation for review and other requirements.	/
Booking Lead Time	Applications should be made at least 30 calendar days prior to the desired date.	/
Man-day	8 hours spent business and/or traveling with 1-hour break or in compliance with local labor law.	As agreed with client/applicant
Normal Business Day	Monday to Friday or in compliance with local labor law and customs	/
Working/Traveling on Holidays Charge (Saturday, Sunday, or Public Holiday)	Holidays and Weekends will vary depending on local law and customs. A surcharge will be applied for work and travel on such days.	50% surcharge of audit fee
Audit Preparation, Administration / Scheduling & Report Writing	General administration fee for audit scheduling, preparation and report writing.	As agreed with client/applicant
Express Booking	For audit booking within 5 working days from desired audit date.	50% surcharge of audit fee
Late Cancellation & Rescheduling Charge	If notice of cancellation or rescheduling is made prior to the committed <i>audit date</i> (or start date of the semi-announced audit window), the indicated billing party will be responsible for the following audit fees and expenses:	Within 2 Business Days: 100% of the audit fee plus expenses already incurred. More than 2 and within 10 business days: 50% of the audit fee plus expenses already incurred. More than 10 business days: any incurred expenses
Access Denied Charge	Scheduled audit was not performed on the committed audit date due to the facility management not allowing Intertek auditor to enter or conduct the audit for reason outside the control of the auditor.	100% audit fee plus all expenses incurred
Extra Traveling Time Charge	If travel cannot be completed within the same day of service execution and if the distance from the nearest Intertek office is over 100 km, the traveling time (including the waiting time due to lack of transport resources) will be charged.	- up to 4 hours: 0.5 man-day - more than 4 hours: 1.0 man-day
Out of Pocket Expenses (OPE)	Other expenses include traveling, hotel expenses (if any), applicable governmental taxes, visa, and administrative fee, etc.	Invoiced in accordance with travel cost matrix or pre-approved price agreement
Value Added Tax (VAT)	In countries where legally applicable, Value-added taxes will be added to the invoice as per local country practices	Where applicable
Mailing Expenses	Documents, samples, materials, etc. sent to clients or between different offices at the request of the client.	Invoiced at cost plus 10% handling fee
Service Document Re-issuance Charge	Any changes other than Intertek own corrections required after the original document has been issued (report or certificate)	US 30 per copy
Payment Terms	Full prepayment term will be applied.	