I Organization's Basic Information

1. Organization's name _____
2. Registered address _____
3. Business address _____ Zip Code _____
4. Contact Person 1 _____ Title _____ Tel _____
   E-mail _____
   Contact Person 2 _____ Title _____ Tel _____
   E-mail _____
5. Working language ☐ Chinese ☐ English ☐ Other: _____

II Organization's Basic Information for Certification Application

1. Certification standards, Accreditation symbol, Certification types

Certification Standards	Accreditation Symbol	Certification Types
☐ Quality Management System ☐ GB/T 19001-2016/ISO 9001:2015 ☐ GB/T 50430-2017	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Environmental Management System GB/T 24001-2016/ISO 14001:2015	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Occupational Health and Safety Management System GB/T 45001-2020/ISO 45001:2018	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Medical Device Quality Management System GB/T 42061-2022/ISO 13485:2016	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Hazardous Substance Process Management System IECQ QC080000:2017	☐ IECQ ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ESD ☐ ANSI/ESD S20.20-2021 ☐ IEC 61340-5-1:2024	☐ ESDA ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Electrostatic Discharge (ESD) Protection Management System ☐ ANSI ESD S20.20-2021 ☐ IEC 61340-5-1:2024	☐ ESDA ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Information Security Management System ☐ GB/T 22080-2016/ISO 27001：2013 ☐ ISO 27001:2022	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Food Safety Management System ISO 22000:2018	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ HACCP Certification Rules（V1.0）	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Cosmetics Quality Management System ☐ ISO 22716:2007 ☐ GMPC	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Business Continuity Management System GB/T 30146-2023/ISO 22301:2019	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Integrity management system of enterprise GB/T 31950-2023	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Asset Management System GB/T 33173-2016/ISO 55001:2014	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer ☐ Recertification
☐ Security Management System for the Supply Chain ☐ ISO 28000:2022	☐ CNAS ☐ ANAB ☐ IAS ☐ Other	☐ Initial certification ☐ Transfer

		☐ Recertification
☐ Other：		☐ Initial certification ☐ Transfer ☐ Recertification

2. Establishment and operation of the organization management system:

1）A documented management system has been established: ☐ Yes ☐ No

2）Whether they comply with statutory and regulatory requirements have been identified and evaluated: ☐ Yes ☐ No

3）Whether the internal audit and management review have been completed: ☐ Yes ☐ No

4）The time wish to conduct on-site audit is: _____

5）Total number of employees _____ Total number of employees covered by the management system _____ Including:

a）Permanent staff: _____ Non-fixed personnel (e.g.contractor's personnel) _____ Number;

b）Is there a shift: ☐ No ☐ Yes, please specify as follows:

Number of shifts: _____ Staff number per shift: _____ Main process/activity: _____

The difference between the process/activity of abnormal shift (such as night shift, mid-shift) and the process/activity of normal shift (such as day shift):

_____

c）Number of employee working outside the organization's workplace: _____ Main process/activity: _____

Note: Item 5) above, if any, please fill in the information according to the actual situation, if not, please fill in "0", of which c) if any can be attached to a separate page to explain.

6）Whether have multiple-sites (including temporary sites)

☐ No ☐ Yes, please complete *Appendix 3* or *Appendix 4*

Note: The organizations applying for 50430, ISMS, ITSMS certification must provide the latest *list of temporary locations* before the audit planning.

3. The scope of the proposed certification application (for production, operation or service activities, the scope and boundaries should be defined based on the characteristics of the organization's business, organization, location, assets and technology; it cannot exceed the requirements of the business license and administrative permit) :

_____

1）Inapplicable clauses and reasons (QMS/MD only) _____

2）Outsourcing process

☐ No

☐ Yes, Outsourcing process: _____

For FSMS/HACCP, if there is outsourcing process:

a）Whether the outsourcing party/processing party has established the corresponding management system and obtained the food safety management system or HACCP management system certification

☐ No ☐ Yes (please provide the evidence)

b）Is there mandatory requirement of laws and regulations for outsourcing

☐ No ☐ Yes (please provide the evidence)

3）Have you ever been certified by other certification bodies ☐ No ☐ Yes, please specify：

Certification body name _____ Cert.status _____

4）Have you ever received any consultation related to the management system to be certified:

☐ No ☐ Yes, please specify：

Consulting Agency: _____ Consultant name _____

5）Whether the site has a special danger area or restricted area required: _____

☐ No

☐ Yes, Area name

6）The integration degree of organization's management system

☐ Not applicable ☐ Yes, please specify:

a）Organization has established a set of integrated documentation, including appropriate moderated operational documents when appropriate:	☐ Yes ☐ No
b）Does the organization adopt an integrated approach to internal audits?	☐ Yes ☐ No
c）Does the organization consider the overall business strategy and management review?	☐ Yes ☐ No
d）Does the organization adopt an integrated approach to its policies and objectives?	☐ Yes ☐ No
e）Does the organization adopt an integrated approach to the system process?	☐ Yes ☐ No
f）Whether the organization has established integrated management support and management responsibilities	☐ Yes ☐ No
g）Whether the organization adopts an integrated approach to the improvement mechanism	☐ Yes ☐ No

4. Medical Device Quality Management System (MDMS) application organization please fill in:

1）Have sterilization process or not

☐ No

☐ Yes，Sterilization method _____

2）Whether the end user needs sterilization before use：

☐ No ☐ Yes，Sterilization method _____

3）Belong to raw materials, spare parts or services, please fill in the Appendix 8

5. Information security management system(ISMS) application organization please fill in:

1）Requirements on the qualifications of certification bodies, integrity and law-abiding records or the identity background of certification personnel, as well as applicable laws and regulations related to the protection of state secrets or the maintenance of state secrets or the maintenance of national security: _____

2）Consent to the accreditation body's access to information about the organization during processes such as during assessment process ☐ Not involve ☐ Yes ☐ No, please state the reason:

_____

3）Whether it has confidential and sensitive information ☐ Not involve ☐ Yes ☐ No, please complete *Appendix 5*

4）Whether the certification body/organization is allowed to publish certification information on its website, including the organization name, certificate number, scope of certification, effective date, restrictions, etc.

☐ Not involve ☐ Yes

☐ No, please explain _____

5）Whether it belongs to the Ministry of Industry and Information Technology Association [2010] No. 394 *Notice on Strengthening the security management of Information Security Management system certification* and the local and industry authorities in the requirements of the need to conduct certification record organizations.

☐ Not involve ☐ Yes, please submit the record information

☐ No, please explain _____

6）Customer basic information Please fill in the *Appendix 6*

6. Hazardous Substance Process Management System (HSPM) application organization please fill in:

1）The company's products are:

☐ Complete machine product ☐ Parts ☐ Supporting peripheral products ☐ Other

2）The hazardous substances regulations that products need to comply with include:

☐ European Directive 2011/65/EU
☐ European Directive 2012/19/EU
☐ China RoHS 2.0
☐ Customer specified requirements
☐ Other Identified Hazardous Substances:
☐ European Directive 94/62/EC
☐ European Regulation 2025/40/EU
☐ European Regulation 2023/1542/EU
☐ EU ELV Directive 2000/53/EC

3）Whether have a valid QMS certificate:

a）Yes，Name of the certificate issuing CB _____

Whether the CB that issues the certificate is accredited?

☐ Yes ☐ No

Valid to: _____ Last audit time: _____

b）☐ No， ☐ QMS Apply for QMS at the same time ☐ QMS Add QMS audit

7. Cosmetics Quality Management System Please fill in the Appendix 7

8. **Part for organization apply for Recertification：**

☐ Not involve ☐ Yes, please fill in the following information:

1）Whether the place of work (address) of organization name, production management or service has changed ☐ Yes ☐ No

2）Whether legal status and organizational structure have been changed ☐ Yes ☐ No

3）Whether the management system and important processes (including the production process) have been changed significantly ☐ Yes ☐ No

4）Whether the employee number of organizations has been changed ☐ Yes ☐ No

5）Whether the scope of certification has been changed ☐ Yes ☐ No

6）Whether the corresponding laws and regulations have been changed ☐ Yes ☐ No

7）Whether there is quality safety, environmental pollution or production safety accident ☐ Yes ☐ No

9. Is it a certificate transfer:

☐ No ☐ Yes, please fill in the following information:

1）Name of the previous certificate issuing CB _____

2）Previous certificate status： ☐ Suspended ☐ Withdrew ☐ Valid, the certificate is valid until: _____

3）The date of the last audit audit _____ Audit Type： ☐ Initial ☐ Surveillance ☐ Recertification ☐ Other: _____

4）Reason for transfer _____

III Application materials and appendix information to be submitted (list Appendix 1 attached material)

IV Declaration of the applicant

We have obtained the public documents related to the management system certification from the official website of POSI (www.posicert.com), and have understood the certification fee standards, fairness requirements, certification business scope, conditions for applying for certification and general certification process, etc.

We are willing to abide by the certification requirements, provide the information necessary for applying for certification and the materials required in the schedule, and promise that the information and materials provided are true and valid. When the application is not the national enterprise credit information public system (http://gsxt.saic.gov.cn), China (https://www.creditchina.gov.cn) listed in the "serious illegal enterprises list", not included in the list of entities with serious credit violations in work safety by the emergency management department, a year is not law enforcement supervision department order to suspend production or business reorganization, one year to apply for certification The products within the scope have not been found to be substandard in the national supervision and random inspection of product quality, or have been found to be substandard in the national supervision and random inspection of product quality but have been rectified and qualified in accordance with relevant regulations, no sudden environmental incidents that led to being ordered to suspend production and business operations for rectification by administrative regulatory authorities occurred within one year, no major production safety accidents occurred within one year, and no major or above-level cybersecurity incidents occurred within one year.

Representative of organization (signed): _____

Organization’s name (seal):

Date: _____

Appendix 1: Information submitted by the management system for certification

Basic information	☐ Proof of legal status (such as business license, etc.). If the management system covers activities in multiple-sites, a copy of the legal status documents of each site (when applicable); ☐ Valid proof of qualification. Such as production license, mandatory product certificate, safety production license, etc. involving the administrative license stipulated by laws and regulations shall submit the corresponding administrative license copy (when applicable); ☐ At a minimum, the following documented information should be provided: policy, objectives, scope, information maintained by the organization for process operation and communication. Must provide: organization profile, organization structure (organization chart), function distribution table, process flow chart (should clearly describe key processes and special processes) and related process documents. (Can be included in manuals and program files).
QMS/EC9000	☐ List of technical standards, quality standards related to products/services including list of mandatory standards (if necessary); ☐ List of operational documents or operational documents (applicable to building construction organizations); ☐ Appendix 4 List of projects under construction (for GB/T 50430).
MDMS	☐ Medical device product use description(Can be included in the registration certificate or record certificate); ☐ Product description (for export only).
EMS	☐ EIA report/form or record, approval, acceptance report (need to provide online record screenshot), emission permit/registration, etc. (where applicable); ☐ List of significant environmental aspects, applicable environmental laws and regulations. ☐ Appendix 2 EMS/OHSMS attachment.
OHSMS	☐ Safety production license, safety evaluation report (when applicable); ☐ List of significant hazards, applicable environmental laws and regulations; ☐ Detailed information of staff far away from the organization site (if applicable) Additional page; ☐ Appendix 2 EMS/OHSMS attachment.
ISMS	☐ Risk assessment report (with a description of the risk assessment methodology); ☐ Residual risk report; risk disposal plan; ☐ Statement of Applicability; ☐ Appendix 5 Declaration of Confidentiality and Sensitive Information form; ☐ Appendix 6 Basic Information for Certified Customers.
FSMS/HACCP	☐ Prerequisite plan, HACCP plan, OPRP plan (applicable to FSMS system); ☐ GMP document, SSOP document, HACCP plan, food protection plan (applicable to HACCP system); ☐ Description of the surrounding environment of the plant (water source, etc.); Plant location map, plant plan; Machining workshop plan; ☐ Product description (including raw materials, product contact materials, processing AIDS, final products, etc.); ☐ Process flow chart, process description; ☐ Hazard analysis sheet, HACCP schedule (applicable to HACCP system); ☐ Description of processing lines, seasonal production, implementation of HACCP projects and shifts; ☐ Comply with applicable laws, regulations, standards and specifications list (name, number, release version/time) of China and the importing country (region) in the process of production, processing or service; ☐ Production and processing equipment list and inspection equipment list; ☐ Evidence that the product meets health and safety requirements; Where applicable, provide evidence issued by a qualified inspection agency that the water, ice and steam in contact

	with food meet the health and safety requirements; ☐ Appendix 9 *List of products of the organization applying for certification;* ☐ Appendix 10 *Explanation on the Use of Food Additives*; ☐ Annex 1: *Self-Declaration of the Applicant Organization for Certification.*
HSPM	☐ Valid ISO 9001 or equivalent quality management system certification certificate; ☐ List of applicable laws, regulations and standards of the organization; ☐ Control list of hazardous substances.
ESD	☐ The facility has been certified under ISO 9001 or an equivalent quality management system; ☐ Equipment List; ☐ An EPA orientation map of the factory premises and electrostatic discharge protection zones is available.
GMPC/22716	☐ Entrusted processing description (when applicable); ☐ Factory location map, factory plan, processing workshop and laboratory plan, process flow chart; ☐ A list of relevant laws, regulations, standards and specifications that are complied with (applicable) during production, processing or service; ☐ Appendix 7 cosmetic products attachment.
BCMS	☐ Risk assessment report; ☐ Business continuity plan checklist; ☐ List of standards of applicable laws and regulations; ☐ Appendix 5 Declaration of Confidentiality and Sensitive Information form; ☐ Appendix 6 Basic Information for Certified Customers.
SCM	☐ Factory plan (required for large manufacturing, transportation and warehousing, and sales industry organizations, indicating vulnerabilities of relevant sites within the physical convenience of the client organization, proximity to assets, proximity to roads/rivers and other access points, etc.); ☐ Identified security threats and risk evaluation results related to the scope of the organization's supply chain security system; ☐ List of national and industry applicable laws, regulations and mandatory standards related to supply chain security.
INS	☐ The latest corporate credit report or audit opinion; Among them, the enterprise credit report shall be issued by the credit information center of the People's Bank of China or the enterprise credit report inquiry network under its jurisdiction; The audit opinion should be issued by a third party financial/audit institution; ☐ Statement of honesty and law-abiding, no major quality, safety and environmental accidents in the past 1 year; ☐ A list of laws, regulations and other requirements applicable to its integrity management system.
AMS	☐ Strategic Asset Management Program (SAMP); ☐ A list of key asset classes (this may not be provided separately if it is already reflected in the strategic asset management plan); ☐ List of applicable laws and regulations.
Apply for certification certificate transfer organization supplementary information	☐ The certification certificates obtained already; ☐ The audit report of the last audit (initial audit/surveillance/recertification), the audit non-conformity report, the corrective actions taken by the nonconformity rectification and corrective actions validity verification materials, the transfer CB statement, and the transfer certificate information form; ☐ Complaints received and actions taken (when exist);

	□ Any commitment or agreement with the regulatory authorities regarding compliance.

Remark：

1、Please click before the information provided, check "■";

2、When scope extension application, it is necessary to provide a supporting document that is added or changed due to extension;

3、The above documents and information are provided as attachments to this application (copies will be OK, but they must be clear).

Appendix 2 Management system certification application (EMS/OHSMS applicable)

1. Whether your company has been suing or insurance claims for any occupational health and safety incidents or accidents in the past 5 years (if any, please elaborate):

☐ No ☐ Yes, please briefly describe:(may be on a separate sheet)

2. Whether your company has experienced employee injury, poisoning, occupational disease or accident in the past year (if any, please indicate the hazard level of the incident or accident and the number of employees involved):

☐ No ☐ Yes, please briefly describe:(may be on a separate sheet)

3. Whether your company experienced any sudden environmental incidents, environmental-related administrative penalties, and the rectification situations within the past year?

☐ No ☐ Yes, please briefly describe:(may be on a separate sheet)

4. Please indicate the occupational health and safety hazard that may be involved in your company's management system coverage activities:

Related	Hazard	Related	Hazard
☐	Asbestos related jobs	☐	Working at height
☐	Explosives	☐	Homework near the vehicle
☐	Work related to flammable materials, storage of flammable materials	☐	Food production for other parties
☐	Transportation of dangerous goods	☐	Related work involving compressed air
☐	Diving operation	☐	Homework in a limited space
☐	Use of materials at extreme temperatures	☐	Work with pressure system
☐	Gas-related work	☐	Lead and other heavy metals used in the work
☐	Waterside operation (water risk)	☐	Work in a smoke/gas/dust environment
☐	Gas-related work	☐	Work with chemical hazards
☐	Work related to ionizing radiation	☐	Use of work equipment (PUWER)
☐	Use of lifting device and lifting operation	☐	Other hazards involved in the work (electricity, noise, use of personal protective equipment, manual operation, etc.)
☐	Related work involving biological hazards	☐	Other

5. Do you use, generate, store, dispose of or dispose of hazardous materials?

☐ No
☐ Yes, Please fill in as follows: (additional pages can be attached)

No.	Name of hazardous materials	Use Purpose	Hazardous characteristics	Annual Usage
1				
2				

Remark:

a. The hazardous characteristics of hazardous materials refer to: flammable, explosive, toxic, corrosive, radioactive, infectious, etc.

b. According to the characteristics of the organization's production and operation activities, to identify which hazardous materials are used in the production and operation process, and fills in the requirements in the above table.

6. Applicable laws and regulations and other requirements

☐ Safety Production License (if applicable) ☐ Safety evaluation report (if applicable)
☐ Other:

Appendix 3 Management System Covered Branches (include Multiple-sites or Temporary-site) Registration Form(Additional pages are available)

Name of auditee (seal):

Branches(including multiple-site)	Registered address	Actual business address	Property of place	Corresponding scope of certification	Total number of staff	Sample situation	Shifts	Sub-certificate
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No
			☐ Fixed sites ☐ Temporary sites				☐ Yes ☐ No	☐ Yes ☐ No

Appendix 4 List of Building Construction Organization Projects in Progress (EC9000 applicable)

Name of auditee(seal): **Fill in date:**

No.	Temporary site (Project) Name	Nature of temporary site (type of work) Note 4	Current progress (under construction)	Implementing Department (Project Department)	Distance of implementation site from Headquarters	Start date	End date	Total number of employees	Sampling status (completed by the CB)
1									☐ Yes ☐ No
2									☐ Yes ☐ No
3									☐ Yes ☐ No
4									☐ Yes ☐ No
5									☐ Yes ☐ No
6									☐ Yes ☐ No
7									☐ Yes ☐ No

Remark：

1、Engineering organizations need to be filled in and need be audited on-site. Characteristics of engineering-type organizations: a relatively fixed site for a period of time.

2、The number of people at temporary sites includes the number of the aduitee's employees working at temporary sites and the number of subcontractors' employees working at temporary sites.

3、Work in progress includes work to be in progress at the time of audit.

4、Type of project: housing project, bridge project, water conservancy project, municipal project, etc. (need to be described according to the scope of the qualification of the Ministry of Housing and Construction).

Appendix 5 Confidential and Sensitive Information Declaration Form

Organization's name (seal)		
No.	**Confidential and sensitive information assets and or areas**	**Is the certification body accessible and the requirements for access**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Instructions:

1、If the relevant information assets cannot be accessed due to the organization's permission or failure to meet applicable requirements, it may result in termination of the audit, reduction of the scope of the audit and certification, and other results.

2. If the organization does not prohibit access to a certain information asset in advance, or fails to inform about the requirements that should be met, during the certification process, it is found that our company does not have the qualifications and conditions to access the information asset, our company will inform the organization, this situation may lead to the termination of the audit , Reduce the scope of audit and certification and other results.

3. Access requirements: legal requirements, requirements of related parties, requirements of the organization itself.

Appendix 6 Basic Information of Certified Customers

Organization's name(seal):	

1 Amount of users: _____ Number of IT platforms (infrastructure and application systems): _____

2 Number of PCs: _____ Number of portable computers: _____

3 Server type (statistics classified by function): _____

4 Number of application developers: _____ Number of operation and maintenance personnel: _____

The number of people in the same job in the same business: _____

5 Application of Network and Cryptographic Technology

☐ External and/or internal connections with encryption, digital signature and/or PKI requirements;

☐ Have external and/or internal connections that use standard encryption facilities without digital signatures and PKI requirements;

☐ There are no external and/or internal connections required by encryption, digital signatures, and PKI.

6 The certification preparation status of the client organization (for example: the applied management system has been certified by a third-party organization)

☐ No

☐ Yes, the certification body: _____

7 The maturity of the client organization's management system (for example: other management systems have passed the certification of the same certification body)

☐ No

☐ Yes,the certification body: _____ Management system

Appendix 7 Cosmetic good manufacturing practices

Organization's name(seal):			
Specific product	Implementation of standards（Click ■ to select）	Administrative License	Annual production
	☐ National Standards ☐ Industry Standards ☐ enterprise ☐ Customer Requirements	☐ Cosmetic production license ☐ Hygiene permit	
Please describe the specific production process of the product scope of the certification (should be described separately according to the product category, the process can be noted), and the other drawings.		Product use field	Raw material
Main production equipment			
Main inspection equipment			
Product test report			

Appendix 8 Enterprise *Parts and Services" Information Questionnaire* (applicable to MD)

If your company's products are not finished medical devices or other service activities, please complete the following questionnaire.

Client Name		
Content of the survey	**Yes or No**	**Remark**
Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling)	☐ Yes ☐ No	
Is the product intended to be a component/part of a medical device?	☐ Yes ☐ No	
Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabeling, remanufacturing of other medical devices)?	☐ Yes ☐ No	
Is the product supplied sterile?	☐ Yes ☐ No	
Does the product contain software developed by the client organization or a supplier?	☐ Yes ☐ No	
Is “Design and Development” in the scope of the ISO 13485 certification (e.g., when public law permits exclusion of design and development which is the case very often for low-risk medical devices)?	☐ Yes ☐ No	
Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices?	☐ Yes ☐ No	
Disclaimer: We confirm that the information provided above is true.		

Appendix 9 List of products of the organization applying for certification (FSMS/HACCP)

Application Organization's name(seal):					
Product name	**Product implementation standard name and code**	**Production site/workshop**	**Production (tons)**	**Output value (ten thousand yuan)**	**Product category (for products within the scope of food production license)**

***Product Category Fill in the food and food additive category on the license**

Appendix 10 Explanation of the usage of food additives

Name of Applicant organization (seal)	

☐ The products of the company do not use any food additives in the production and processing engineering.

☐ The company's products use the following food additives in the production and processing engineering:

No.	Food additive name	*Food additive category (Compound additive not filled)	Use (Compound additive fill)	Applicable product	Actual usage	Defined limit standard
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

***The food additive category means the food additive category specified in the GB 2760 standard**

Annex 1: Self-Declaration of the Applicant organization (FSMS/HACCP)

1. Our products are produced according to the domestic/export product standards:

_____

2、The products of the enterprise have been sent to the relevant inspection institutions for inspection, and all the indicators have passed (see the copy of the inspection report);

3、Whether additives are used in the formula of the products produced by this enterprise

☐ Not used

☐ For use, please fill in *Instructions on the Use of Appendix 10 Food Additives*

4. Within one year, the company has not violated the relevant laws and regulations of China and the importing country (region) of food safety and hygiene accidents;

5. Within five years, the enterprise has not violated serious food safety and hygiene accidents or failed to take effective measures to deal with major complaints from relevant parties, and falsely reported or concealed the information required for certification and was revoked by the certification body;

6. The company voluntarily undertakes to establish and implement a management system on the basis of complying with national laws and regulations, the corresponding national or industry/local standards and certification norms, to ensure that the products provided to consumers meet the quality and health and safety requirements.

Hereby declare!

Representative

Seal

Date