





## APPLICATION FORM FOR MANAGEMENT SYSTEMS CERTIFICATION

1. Name of Organization : LANKA AUTOLAND CO. (PVT) LTD				
2. Name of Contact Person : U. W. R. Kimalagunaratne				
3. Designation : Manager				
4. Address of head office: 126 Industrial Zone Katuwana, Homagama				
5. Telephone No: 0112855493 Mobile: 0715329800 Fax No: 0112892714				
E-mail: autolandhomagama@gmail.com				
6. Preferred date of commencement of assessment:				
7. Requested Quality System certification: <input type="checkbox"/> GMP ; <input type="checkbox"/> HACCP ; <input type="checkbox"/> ISO 22000: 2005; <input checked="" type="checkbox"/> ISO 9001: 2008; <input type="checkbox"/> ISO 14001: 2004; <input type="checkbox"/> OHSAS 18001 : 2007; <input type="checkbox"/> ISO 50001: 2011				
8. Name of Consultant if Consultancy services have been obtained : Certification No				
9. Nature of Business : Tyre Retreading				
Location (Please give the address- attach a separate sheet if the no. of sites exceed 3 )	Nature of operation/ Type of product(s) manufactured	No. of employees (including casual/contract	Certification required (Yes/No)	Distance to Colombo (km)
Site 1 Industrial Zone Katuwana	Tyre Retreading	26	Yes	24
Site 2				
Site 3				
10. Markets serving (at present)	Local only			
	Local & international only			Countries
	International only			
11. Proposed Scope of Certification :				
12. Company profile : (Pl. attach)				





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<p>13. Departments/Sections/Processes</p> <p>Production, Purchasing, HRM,</p> <p>(Attach a separate sheet if needed)</p>
<p>14. Outsourced processes, if any :</p> <p>No</p>
<p>15. Legal obligations of the company :</p>
<p>16. How long has the Management System been in place?</p> <p>4 Months</p>
<p>17. Any other certifications your organization is interested in :</p>
<p>18. Any special reasons for this certification :</p> <p>Quality Improvement</p>
<p>19. When do you expect to achieve this certification?</p>

20. DECLARATION BY APPLICANT :

20.1 I have read and understood the terms and conditions of IND-EXPO certification scheme.

Signed at Lanka Autoland Co (Pvt) Ltd

on this .....day of .....

Signature: [Signature]

Date: 2015-03-20

Name: U.W.R. Wimalagunaratna

Designation: .....

For and on behalf of .....( Company seal)

IMPORTANT : Please provide us the route map to your organization along with the application.