

PLEASE READ CAREFULLY
AND COMPLETE IN DETAIL



HONG KONG INSTITUTION OF CERTIFIED AUDITORS
香港專業審核師學會

The Secretary, Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories

Tel: 2789 2389, HomePage: <http://www.hkica.org>, Email: info@hkica.org

CERTIFICATION SCHEME OF FOOD SAFETY MANAGEMENT SYSTEM AUDITOR
APPLICATION FORM

Applicant to complete Sections A, B, C and D.

Supporter to provide specimen initial in Section E and to initial those parts of Section C which are appropriate.

Section A

Personal details (Complete in block letters or type)

(Please indicate your name as shown on the H.K.I.D. Card or other identification documents)

*: (First alphabetical letter and first 3 number digits e.g. G112xxxxx)

I wish to apply for (please tick one)

Registered FSMS auditor³

Application fee: HK\$ 1,200

Certified FSMS auditor^{2,3}

Application fee: HK\$ 1,500

Name: _____ Nationality: _____ Sex: F / M

Chinese Name _____

Identity documentation: I.D. Card / Passport / Other: _____ Identity No.:* _____

Address for Communication _____

Personal Tel. No. : _____ Mobile No. : _____ E-mail: _____

Company name: _____ Position: _____

Company Tel. No.: _____ Company E-mail : _____

Section B

Obligation

I have read and agree to abide to **HKICA CC901E Food Safety Management System Certification Criteria**. The facts stated in this application are true and correct. I agree that HKICA can verify the authenticity of the facts for the purpose of certification

I commit :

- 1 to abide with the Regulations and pay the fee and charge as set by the Certification Body as it now is, or as it may hereafter be amended.
- 2 make claims regarding certification only in respect of the scope for which certification has been granted
- 3 not to claim the certification status in such a manner as to bring the certification scheme into disrepute, and refrain from making any misleading or unauthorised statement regarding the certification
- 4 discontinue all claims to certification upon termination or withdrawal of certification, and return any certificates issued by HKICA
- 5 not use the certificates and the HKICA logo in a dishonest or fraudulent manner.
- 6 HKICA has the ownership of the issued certificates.
- 7 I have / have not* been convicted of a criminal offence
- 8 I declare that I will not release examination questions or participate in fraudulent test-taking practices. I know that if I have special needs during the exam, question in this respect can be directed to HKICA. °
- 9 I accept that my personal information and performance in examination is released to personnel within HKICA, Accreditation Officer and Auditor during assessment.
- 10 I accept / do not accept, that if certified, that my name, certificate number and expiration date is published on internet.

Signature of applicant : _____

Date: _____

* PLEASE DELETE AS APPROPRIATE

Section C **Academic / Working / Training**

- * If you are applying for re-certification or upgrading you need not complete Sub-Sections 1, 2, 3 and 4 unless additional information different from previous application are submitted.
- * Your entries in this section should be contained within the space provided. If there is insufficient space, please give details on separate sheets to be attached to this form.

From Mth/Yr	To Mth/Yr	<input type="checkbox"/> Academic qualifications (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy).	Verifying Initials of Supporters
Sub-Section 1		<input type="checkbox"/> Tertiary Institute/Examination Board and country	
		Award and date	Discipline / Subject studied
Sub-Section 2		<input type="checkbox"/> Professional body membership (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy).	
		Institute/ Professional body	Award and date
Sub-Section 3		<input type="checkbox"/> Working Experience (Details required of experience, positions held and management system experience) and a detailed CV. If there is insufficient space, please give details on separate sheets to be attached to this form.	
		Organization	Position held
Sub-Section 4		<input type="checkbox"/> Approved Training Programmes (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy).	
		Training organization	Programme title

Section D Attestation by Supporter (HKICA Fellow Member/Member) / Company

My Company / I support the Applicant from personal knowledge, as a person worthy of consideration for certification to the level of certified/registered auditing personnel and I endorse the correctness of those parts of Section C including working experience, academic and training qualification which have identified by my Chop / initial.

Nominated Company _____ Supporter : _____

Company Chop _____ Supporter's signature : _____

Date: _____ Date : _____

THIS FORM NEEDS TO BE COMPLETED & RETURNED TOGETHER WITH THE FEES REQUIRED.

Guidelines for Application for Certification

1. Applicant has read and understood the certification criteria and regulations as set by HKICA.
2. Applicant for certified food safety management system auditor shall have at least one-year professional experience in food safety management system or related audit and participated 3 audits within 3 years before application. Audit log (HKICA-F902E) shall be submitted together with the application form.
3. Both applicants for registered and certified food safety management system auditor shall attend and pass the HKICA examination.
4. Payment of fee
Payment method:
(a) E-transfer or ATM to HKICA Hang Seng Bank account N0. 390-202588-001 OR
(b) Mail a cheque payable to "Hong Kong Institution of Certified Auditors Limited" to the Secretary of HKICA.
Remarks: please provide the applicant's name on back of the cheque.
5. Submission of application form and related documents together with bank-in slip / bank transfer record by Email to info@hkica.org
Or
by mail. Address: P.O. Box 79010, Mongkok Post Office, Mongkok, Kowloon, Hong Kong
Enquiry Tel: 2789 2389
6. HKICA Secretariat will inform the applicant by e-mail confirming the receipt of application within 7 working day. Missing records and documents will be requested to be provided.
7. Checklist of records and evidence