



کمنتريڻ ڪواشن دان ايكونومي

KEMENTERIAN KEWANGAN DAN EKONOMI

MINISTRY OF FINANCE AND ECONOMY

Bandar Seri Begawan BB3910

Negara Brunei Darussalam

CONFORMITY ASSESSEMENT BODY (CAB) REGISTRATION FORM

1. Name of Company/Organisation:

2. Registered Address:

3. Contact Details:

Tel:

Email:

Designation:

Fax:

Website:

4. Company Registration Certificate:

Date of Registration:

5. Organisation Status:

☐

Government

☐

Private

☐

Overseas

☐

Others (please specify):

6. Registered Activity:

7. Activity Currently Offered:

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

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9. Resources

a. Full Time Staff

Total number of Staff:

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Number of management staff:

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Number of
examiners/invigilators:

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Number of administrative staff:

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b. External Staff

Number of examiners/invigilators

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Others, if applicable:

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10. Accreditation Status

Please select your accreditation scheme and fill out the relevant form.

	Certification Body Accreditation	AD1
	Inspection Body Accreditation	AD2
	Calibration Laboratory Accreditation	AD3
	Testing Laboratory Testing Accreditation	AD4
	Proficiency Testing Provider Accreditation	AD5

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 organisation's board or other committees.

☐

Yes

☐

No

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

12. Please submit the following documents

1. Copy of legal documents to prove its legal entity (Sijil 16/17, Company Registered)
2. Copy of accreditation document.

13. Declaration

I _____ (Organization Name), declare that the information on this form and any other information given are correct to the best of my knowledge.

Signature:

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Name:

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Designation:

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Date:

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National Standards Centre
Ministry of Finance and Economy
Negara Brunei Darussalam

Block 19, Simpang 32-15
Bangunan Flat Kerajaan, Kampong Angerek Desa
Mukim Berakas 'A' BB 3713
Negara Brunei Darussalam

EMAIL: accreditation@mofe.gov.bn

For Office Use Only

Reference Number :

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