



CORPORATE NQI MEMBERSHIP APPLICATION FORM

Part 1 Applicant Details (As Appropriate)

NAME ORGANIZATION/ COMPANY (AS REGISTERED)	
PHYSICAL LOCATION	BUSINESS ADDRESS
TELEPHONE (OFFICE) (MOBILE)	FAX
OFFICE EMAIL	ALTERNATIVE E-MAIL
*CERTIFICATE OF REGISTRATION NUMBER	
*PIN No.	

* Attach copies

PART 2 ORGANIZATION'S BUSINESS

2.1 Nature of Organization's Business or Activity

- Consulting Agency Consultant Government Utility
 NGO Education Finance Health
 Hospitality Industry/Manufacturing
 ICT Trainer

Other (please specify) _____

Number of staff _____

PART 3 FIELDS OF APPLICATION (To be filled by management systems Training and Consulting Organizations)

3.1 Competency fields for which recognition is sought. Tick as appropriate.
 Also indicate the number of Professional Staff in the fields for which recognition is sought

S/NO	FIELDS	No of staff
1	ISO 9001 Quality management systems	
2	ISO 22000 Food Safety Management Systems	
3	ISO 14001 Environmental Management Systems	
4	ISO 27000 Information Security management systems	
5	ISO 17025 Laboratory Management	
6	ISO 20000 IT service management standard	
7	OHSAS Occupational Health and safety Management Systems	
8	SA 8000 Social accountability	
9	ISO 17020 Inspection services	
10	Kenya Gap Good Agricultural Practices(based on EUREPGAP	
11	KS 1758 Code of practice for the Horticultural Industry	
12	HACCP Hazard analysis and critical Control Points	
13	EUREPGAP European retail protocol for GAP	

Others (Please specify)

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3.2 What activities do you carry out in the fields specified above?

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3.3 Complete in detail giving dates and level of Achievement e.g Training/Consultancy/work experience in the last 2 years (**Attach additional sheet if necessary**)

S/No	Nature of Activity	Date From- To	Client	Contact person

3.4 STAFF COMPETENCE MATRIX

To enable us determine the capability of the organization to provide the services in 3.1 above, please indicate the names of staff that the organizations will use to provide the services for which recognition is sought. (Attach additional sheet if necessary)

S/NO	**NAME OF STAFF	***FIELD OF COMPETENCE (multiple entries are allowed)

****Corporate consulting applicants are required to register at least 50% of their key staff/consultants as individual members of NQI**

*****Attach CVs and certificates (academic & professional) to support competencies in the relevant fields.**

PART 4: FIELDS OF APPLICATION (To be filled by organizations which are not management systems consultants but are applying management system standards in their operations)

4.1 Management System standard applied in the organization for which recognition is sought.
Tick as appropriate.

S/NO	FIELDS	Level Of Achievement* (Indicate if certified or not)	Year of Certification
1	ISO 9001 Quality management systems		
2	ISO 22000 Food Safety Management Systems		
3	ISO 14001 Environmental Management Systems		
4	ISO 27000 Information Security management systems		
5	ISO 17025 Laboratory Management		
6	ISO 20000 IT service management standard		
7	OHSAS Occupational Health and safety Management Systems		
8	SA 8000 Social accountability		
9	ISO 17020 Inspection services		
10	Kenya Gap Good Agricultural Practices(based on EUREPGAP		
11	KS 1758 Code of practice for the Horticultural Industry		
12	HACCP Hazard analysis and critical Control Points		
13	EUREPGAP European retail protocol for GAP		

Others (Please specify)

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4.2 Scope of certification: What activities do you carry out in the fields specified above?

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Part 5: DECLARATION STATEMENT OF APPLICANT

I certify that the statements contained in this form are correct to the best of my knowledge and belief at this time. I declare that my Organization agree to abide by the NQI code of practice for members. I agree to accept the Institute’s decision regarding this application for membership. I agree that in the event that this application is considered my Organization will advance the objectives of NQI membership scheme to the best of its ability for such times that it remains a member.

I also commit to follow the NQI constitution for its members.

Full names of applicant/ or official representative of the company_____

Signature of Applicant/Stamp _____

Date _____



PART 6 FOR OFFICIAL USE ONLY

APPLICATION REVIEW

6.1 Payment receipt number _____

6.2 Attachments verification

6.2.1 Corporate applicants registration details as listed in Part 1	Is document attached?
6.2.2 CVs and certificates of staff (For consultancy organizations)	
6.2.3 Certificate of registration to management system standard by an Accredited Certification Body (For organizations applying management systems standards)	

6.3 Organizations capability to provide the services (for consultancy organizations)

Field	Staff	% registered

Date Application received.....

Response letter file /Ref.....

REMARKS:.....

Name /Signature of reviewer..... Date.....