



CORPORATE NQI MEMBERSHIP APPLICATION FORM (RENEWAL OF MEMBERSHIP)

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 (if had not been submitted during initial application)

PART 2 Areas of Application

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) _____

2.2 Competency fields for which recognition is sought. Tick as appropriate and **specify if a new or additional scope**. Also indicate the number of Professional Staff in the fields for which recognition is sought

(To be filled by all applicants)

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

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3.2 STAFF COMPETENCE MATRIX

To enable us determine the capability of the organization to provide the services in 2.3 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 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: 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 I/ 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 my application is considered I will advance the objectives of NQI to the best of my ability for such times that I remain 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 5 FOR OFFICIAL USE ONLY

APPLICATION REVIEW

5.1 Payment receipt number _____

5.2 Attachments verification

5.2.1 Corporate applicants registration details as listed in Part 1	Is document attached?
5.2.2 CVs and certificates of staff	
5.2.3 Professional development or Work performed in the last 1 year	

6.2.2 Organizations capability to provide the services

Field	Staff	% registered

Date Application received.....

Response letter file /Ref.....

REMARKS:.....

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