



Contract Review Application Form

Section A: Organisation Information

Registered Company/ Organisation Name	Name <input style="width: 80%;" type="text"/> Company Registration No. <input style="width: 80%;" type="text"/> Upload Reg. Certificate: <input style="width: 80%;" type="text"/> VAT Number: <input style="width: 80%;" type="text"/>
Company / Organisation Type	(Pty) Ltd <input style="width: 40px;" type="checkbox"/> Partnership <input style="width: 40px;" type="checkbox"/> CC <input style="width: 40px;" type="checkbox"/> Sole Trader <input style="width: 40px;" type="checkbox"/>
Any additional trading names to appear on certificate?	
Authorised Representative	Name: <input style="width: 80%;" type="text"/> Position: <input style="width: 80%;" type="text"/> Phone number: <input style="width: 80%;" type="text"/> Email address: <input style="width: 80%;" type="text"/>
Mailing Address	Street Address: <input style="width: 80%;" type="text"/> City: <input style="width: 80%;" type="text"/> Province/State: <input style="width: 80%;" type="text"/> Postal/ Zip Code: <input style="width: 80%;" type="text"/> Country: <input style="width: 80%;" type="text"/>
Accounts Payable Contact Details	Name: <input style="width: 80%;" type="text"/> Position: <input style="width: 80%;" type="text"/> Phone number: <input style="width: 80%;" type="text"/> Email address: <input style="width: 80%;" type="text"/>

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Approved by	Managing Director		Approval Date	01/06/2024
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Company CEO/MD	Name: <input type="text"/>
	Position: <input type="text"/>
	Phone number: <input type="text"/>
	Email address: <input type="text"/>

Section B: Quality Management System Information

1. Description of Current Scope

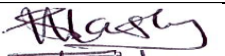

2. Has the QMS changed in any of the following ways since last audit:

- i. Changes to Organogram: Yes ☐ No ☐
- ii. Changes to Authorized representative: Yes ☐ No ☐
- iii. Addition/Reduction to products/services: Yes ☐ No ☐

If yes, specify

- iv. Changes to Staff Compliment: Yes ☐ No ☐
- v. Change of address: Yes ☐ No ☐

If yes, specify

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3. Proposed Expansion / Reduction to Scope

a) Additional Sites

i) Is a new site being proposed? Yes ☐ No ☐

ii) If Yes, are the activities on the new site the same as the activities on current sites?

Yes ☐ No ☐

iii) If No, please tick the proposed activities from the list below:

Design & Development ☐

Importation ☐

Manufacturing ☐

Exportation ☐

Distribution ☐

Installation ☐

Servicing ☐

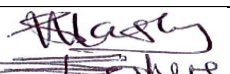

Other (s):

iv) Does the proposed expansion bring in new staff members? Yes ☐ No ☐

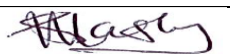

If Yes, please provide details in the Table below:

DETAILS OF STAFF COMPLIMENT ON THE PROPOSED NEW SITE(S)

DEPARTMENT	NUMBER OF EMPLOYEES				TOTAL NUMBER OF EMPLOYEES PER DEPARTMENT
	NEW SITE 1	NEW SITE 2	NEW SITE 3	NEW SITE 4	
Sales					
Finance					
Production					
Maintenance					
Quality Control / Assurance					

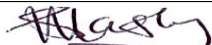

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Human Resources					
IT/Technology					
Receiving and Dispatch					
Warehouse					
Customer Service					
Other (Specify)					
Total Employees per Site					

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SHIFT STAFF COMPLIMENT (WHERE AUDITS WILL TAKE PLACE)

DEPARTMENT	NEW SITE 1		NEW SITE 2		NEW SITE 3		NEW SITE 4	
	Number of shift Employees	Shift hours	Number of shift Employees	Shift hours	Number of shift Employees	Shift hours	Number of shift Employees	Shift hours
Sales								
Finance								
Production								
Maintenance								
Quality Control / Assurance								
Human Resources								
IT/Technology								
Receiving and Dispatch								
Warehouse								
Customer Service								
Other (Specify)								
Total Employees per Site								

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b. Additional Quality Management System

i) Is a new QMS scheme being proposed? Yes ☐ No ☐

ii) If Yes, please Specify the ISO Standard that is being applied for.

Section C: Review Outcome (IBRATSA use only)

i) Are the proposed changes within IBRATSA's Scope of services? Yes ☐ No ☐

ii) If Yes, a new Contact is drawn for client's acceptance.

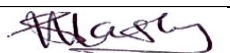

iii) Details of Contract reviewer:

Name:

Designation:

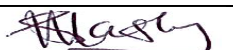

Signature:

Date:

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History of Document Changes

Rev No./ Issue No.	Date dd/mm/yy	Description of Changes	State (Approved / Not Approved)	Change Initiator (Initials)	New Rev No./ Issue No.
0/1	01/09/20	Initial Release	Approved	FM	0/1
0/1	16/01/23	Listed medical devices as indicated in ISO IAF MD 9	Approved	FM	0/2
0/2	10/06/2024	New Rev/Issue as part of the Re-coding and re-structuring of QMS documents. Revision of relevant in-text.	Approved	FM	1/1

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