

APPLICATION FOR RENEWAL OF LICENCE FORM

Note: Extra relevant information can be provided on supplementary sheets

The Director General
Ghana Standards Authority

Date:.....

Dear Sir/Madam,

We,
(Full name of company/establishment)

at the postal address:
.....
.....

Email Address:

and located at.....
(physical location address),

apply for the renewal of our Product Licence(s), granted by the Ghana Standards Authority, for a further period of one year.

The terms and conditions are the same as stipulated in our previous application and licence agreement

The terms and conditions are the same as stipulated in our previous application and licence agreement with the exception of changes provided in section B
(tick as appropriate).

Signature _____

Name _____

Designation _____

Phone Number _____

For and on behalf of _____

PRODUCT CERTIFICATION SCHEME
A. PRODUCT DETAILS

S/N	PRODUCT (NAME AND BRAND)	LICENCE NUMBER	DATE OF EXPIRY

B. COMPLETE THIS SECTION IF CONDITIONS FOR THE GRANT OF LICENCE(S) HAVE CHANGED
1. Product Quality Manual

1.a Version of product quality manual in use has changed (Yes/No)

1b. The current version is dated.....

1c. The current version of the Quality Manual is attached: (Yes/No)

1.d The major changes in the manual are:

2. Staff Strength

The current staff strength is:

Area	Staff Strength
Production	
Quality control/or Equivalent	
Other	
Total	

3. Production Figures

The current production figures are:

Year	Production	Unit
Current year from January to December (as estimated)		

PRODUCT CERTIFICATION SCHEME

4. Certified Management System

- 4.a. Certified Management System Available: (Yes/No)
- 4.b. Type of Management System Certification in place:.....
- 4.c. Copy of certificate(s) for management system attached: (Yes/No)
- 4.d. Status of existing Management System Certification has changed. The current status of the
 Certificate is: withdrawn suspended NA
(tick as appropriate).
- 4.e. Reason(s) for the response to 4.d. is/are:

5. Any other change(s) made

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C. FOR OFFICIAL USE ONLY

Details of payment made for the contract:

Invoice Number.....Amount.....Date.....
 Receipt Number.....Amount.....Date.....

Administrative/ Review Officer receiving application:

Name:

Signature:.....

Date:.....

Head Product Certification:

Comments:

Signature:.....

Date:.....