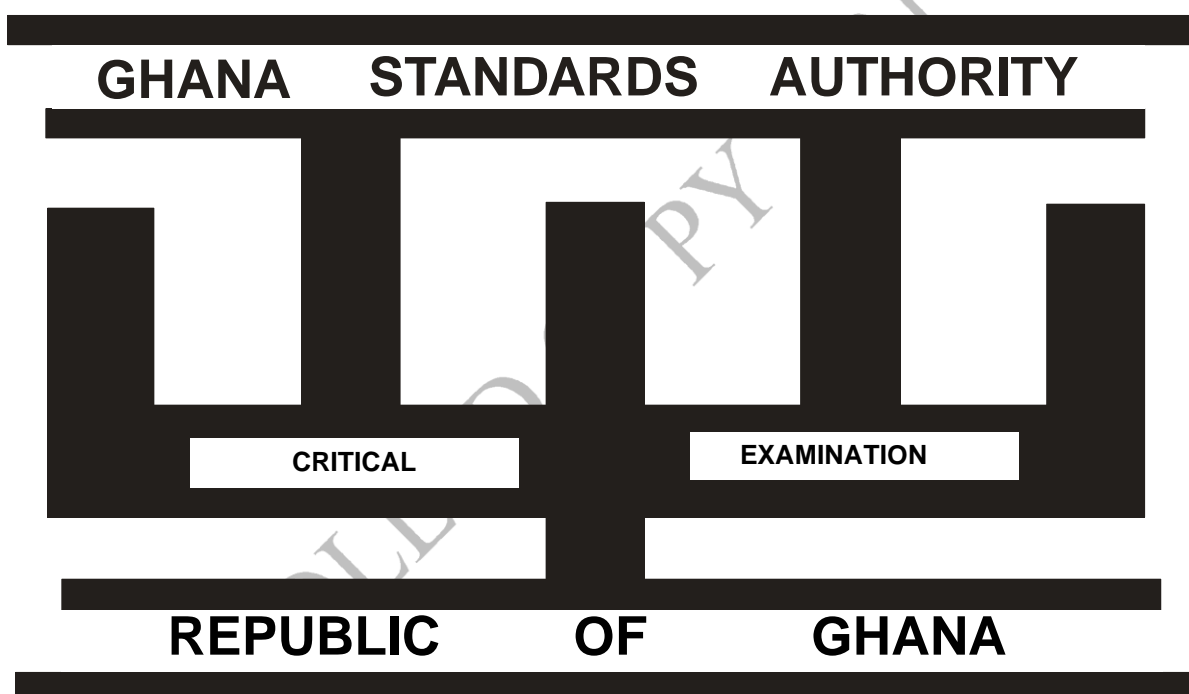


GHANA STANDARDS AUTHORITY

THE GHANA STANDARDS (CERTIFICATION MARK) RULES, 1970

APPLICATION FOR LICENCE TO USE THE CERTIFICATION MARK (RULE 2)



LICENCE NO.
STANDARD NO.

An illustration of the Layout of Information for Product Licence Number and the Standard Number on the Ghana Standards Certification Mark

THE GHANA STANDARDS (CERTIFICATION MARK) RULES, 1970

**APPLICATION FOR LICENCE TO USE THE STANDARD MARK
(RULE 2)**

(Particulars to be submitted by applicant)

Note: Extra relevant information can be provided on supplementary sheets

1. Name of Company:

2. Postal Address.....

E-mail

Tel: Fax:

3. Location of the Factory (State exact Location, District and Region)

4. Products in respect of which Licence is being applied for:

S/N	Product Name (Technological Name and Brand Name)	Starting Raw Material	Source of Raw Material

5. Manufacturing Process employed in the manufacture of goods:

a. Mention the grades of staff in charge of Product Quality:

THE GHANA STANDARDS (CERTIFICATION MARK) RULES, 1970
6. Standards to which goods conform:

Product	Standard Number	Standard Title

7. Production Figures for the said Goods and Staff Strength
a. Production Figures

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

b. Staff Strength

Area	Staff Strength
Production	
Quality Control/or Equivalent	
Other	
Total	

8. Attachments:
a. Attach the following documents: - (check box if attached)

i. Copy of Business Registration Licence (certificate of registration, certificate of incorporation, mandate of business and particulars of directors) ☐

ii. Copy of Product Quality Manual(s)/Quality Plan(s) in the GSA PCM approved format ☐

iii. Product label (where applicable) ☐

b. Other Certification/ Programmes in Place (where applicable)
HACCP Programme

i. HACCP programme in place: (Yes/No)

ii. Number of HACCP Studies Applicable:.....

Certified Management System

i. Certified Management System (Quality/Safety) in place: : (Yes/No)

ii. Type of Management System Certification in place:.....

iii. Copy of certificate(s) for management system attached: (Yes/No)

THE GHANA STANDARDS (CERTIFICATION MARK) RULES, 1970

9. I/We the undersigned hereby give the following undertaking:-
- i. Should it be necessary, in order to ensure conformity of the said goods to the relevant Standards I/We undertake to modify, amend or alter my/our Scheme of Quality Control to bring in line with that which may be specified by the Authority from time to time. Further, I/We undertake to put in operation any such Scheme as recommended by the Authority.
 - ii. I/We undertake to co-operate fully with the Authority in the exercise of Inspection and Testing of the said goods and I/We also agree to pay all expenses in respect of the said exercise, including charges for testing of the said goods, as well as, charges for testing by other independent testing authorities as and when required by the Authority.
 - iii. Should the License be granted and as long as it remains operative, I/We undertake to abide by all the terms and conditions of the Licence and the prescribed rules in respect of Certification and Marking. In the event of the Licence being cancelled or suspended, I/We also undertake to cease with immediate effect to use the Standard Mark on any article covered by the Licence and to withdraw all relevant advertising matters and take such steps as may be necessary to fulfill the provisions of the Certification Mark Rules.

iv. Particulars of all Directors/Partners:

.....

.....

.....

.....

.....

.....

(Signature of Applicant)

.....

(Name of Applicant)

.....

(Designation)

For and on Behalf of.....

(Name of Firm)

DECLARATION

I declare that, to the best of my knowledge, all the information supplied above is correct and I understand that any false declaration renders this application invalid.

**(The attention of all applicants is drawn to sections 8 and 9 of the Ghana Standards (Certification Mark) Rules, 1970 (L.I 662) which impose penalties for false declarations).*

Signature of Applicant:

Date this Day of 20.....

10. 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:.....