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MSA/SF01A-5: Application Form (Information Security Management System)

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|---|---|------------------|
| 10. SEC/other applicable Registration No. (provide evidence of its legal status as an organization) | Place/Date of registration: TIN: | |
| 11. Branch, if any (please check the different activities undertaken by each branch or other offices, use additional sheet if necessary) | <input type="checkbox"/> not applicable <input type="checkbox"/> policy formulation <input type="checkbox"/> process and/or procedure development <input type="checkbox"/> initial approval of auditing personnel, or control of their training <input type="checkbox"/> on-going monitoring of auditing personnel <input type="checkbox"/> application review <input type="checkbox"/> assignment of auditing personnel <input type="checkbox"/> control of surveillance or recertification audits <input type="checkbox"/> final report or certification decision or approval | |
| 12. Relationship with a larger entity, if any (please describe the extent of activities or involvement of the CAB with larger entity, provide additional sheet if needed) | | |
| 13. Number of Certification Personnel | Administrative _____ Technical _____ | |
| 14. Scope of Accreditation Being Applied For | | |
| 15. Institutional Membership (Local/Foreign) | | |
| 16. Other Services Offered | | |
| 17. Accreditation being maintained or applied to Accreditation Bodies other than PAB | | |
| Name of Accreditation Body (AB) | Scope | Effectivity Date |
| | | |
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| | | |
| 18. Number and where certificates were issued with PAB accreditation symbol | | |
| Number | | |
| Country | | |

| | | | |
|---|-----------------------|---|------------------|
| 19. Total number of certificates issued | | | |
| 20. List of Certified Organizations (accomplish in separate sheets) | | | |
| Name of organization | Geographical location | Scope of Certification | Effectivity Date |
| 21. Number of Auditor (accomplish in separate sheets) | | | |
| Lead Auditors | | Auditors | |
| | | | |
| 22. Where did you learn about us? | | <input type="checkbox"/> PAB Promotional Activities <input type="checkbox"/> Customer Requirement | |
| | | <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Other: _____ | |
| 23. Documents to be provided upon application Note 1: PAB will only accept Application for accreditation with complete documentary requirements Note 2: <i>CABs can retrieve their submitted documents upon withdrawal of application for accreditation within one year from the date of application. Otherwise, submitted documents shall be disposed of as per the DTI Records and Disposition Schedule (RDS) and National Archives of the Philippines (NAP) Law, General Circular No. 1 and 2 and NAP General Records Disposition Schedule, 2009.</i> | | | |
| <ol style="list-style-type: none"> 1. Letter of Application (addressed to PAB Director) 2. Accomplished application form per scheme applied 3. Accomplished Assessment Checklist per scheme applied 4. Signed Terms and Conditions of PAB Accreditation 5. Copy of SEC Registration with the Articles of Incorporation or DTI Registration and Local Government Unit (LGU) Business Permit or if in case of a foreign CAB, duly notarized registration documents and authenticated by Philippine Consulate or an equivalent document from the country where CAB is operating, as proof of being a legal entity as the case may be. 6. Copy of CAB's proof of managing liabilities (e.g. insurance, *reserves) 7. Copy of certification agreement between the CAB and its clients 8. Copy of Certificates issued to its clients Note: The applicant body shall have granted at least two (2) certificates for each scheme applied for accreditation 9. List of organizations with issued certificates (specifying scopes, validity of certificates, address and contact numbers) 10. Copy of CAB's Quality Manual 11. Copy of CAB's Rules/procedures of certification 12. List of auditors (<i>including their approved scopes</i>) and technical experts 13. Latest audited financial statement of the CAB 14. Detailed organizational structure with individual duties and responsibilities 15. Information on fees charged to its applicants, certified organization, and the means by which it obtains financial support. 16. Records of internal audit conducted by the CAB 17. Records of management review conducted by the CAB 18. Copy of Latest Risk Management Matrix | | | |
| 24. Declaration | | | |
| We declare that: | | | |
| <ol style="list-style-type: none"> a. The information given above is true and correct. b. The applicant has the necessary resources to undertake certification throughout the scope requested. c. Corresponding fees are paid (as provided in DAO 1:2005) whether or not accreditation is granted. d. The applicant has functional internal audit and management reviews. | | | |
| We understand that our certification activities shall be assessed against the following accreditation criteria and standards (in its current version) specific to the certification scheme being applied: | | | |
| <ol style="list-style-type: none"> 1. ISO/IEC 17021 – 1: Conformity assessment – Requirements for bodies providing audit and certification of management systems 2. ISO/IEC 27006 – Information technology -- Security techniques -- Requirements for bodies providing audit and certification of information security management systems 3. Applicable IAF/APAC Mandatory Documents and issued Resolutions 4. PAB Policies and Advisories 5. Use of PAB Accreditation Symbol | | | |

President/General Manager: _____

Signature: _____

Date: _____

Electronic copies of application documents shall be sent through email **pab_msad@dti.gov.ph** or visit us at:

PHILIPPINE ACCREDITATION BUREAU

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