Instructions:

1. *This form should only be filled in by Conformity Assessment Bodies (CABs) that are seeking exemption for accreditation by KENAS. The CAB should have been accredited by other accreditation bodies apart from KENAS.*
2. *A separate application form shall be filled in for each scope and the requisite fees paid.*
3. *Once KENAS has evaluated the scope of accreditation and accepted the application for exemption, the CAB shall then be expected to fill the exemption agreement*

Please type or write clearly in BLOCK LETTERS

# Organization Details

|  |  |
| --- | --- |
| **Name of Conformity Assessment Body (CAB):** |  |
| **Address (Physical)** |  |
| **Address (Postal)** |  |
| **Telephone**  |  |
| **Email**  |  |
| **Website** |  |
| **Contact person** |  |
| **Designation of Contact Person** |  |
| **Type and Nature of business** |  |
| **Country of Registration** |  |
| **Name of Foreign Accreditation Body (AB)** |  |

# Exemption Details

|  |  |
| --- | --- |
| Reason for Seeking Exemption: |  |

# Submission of Documents

Kindly attach the following documents with your application:

1. Legal Instrument or Registration Documents
2. The Scope/Schedule of accreditation.
3. Receipt or proof of payment of Application Fees
4. Any other relevant supporting documents

# Declaration

I/we, the undersigned, hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information may result in penalties as stipulated in the *Policy on Exemption from KENAS Accreditation*.

|  |  |
| --- | --- |
| **Name**  |  |
| **Organization** |  |
| **Designation** |  |
| **Signature** |  |
| **Date** |  |

# Review by KENAS

|  |  |  |
| --- | --- | --- |
| **Item** | **Confirmation** | **Explain any No response and Action** |
| Application form complete | Yes: [ ]  No: [ ]  |  |
| Receipt or proof of payment of application Fees | Yes: [ ]  No: [ ]  |  |
| Legal Instrument or Registration Documents | Yes: [ ]  No: [ ]  |  |
| The Scope/Schedule of accreditation | Yes: [ ]  No: [ ]  |  |
| Any other relevant supporting documents | Yes: [ ]  No: [ ]  |  |

|  |  |
| --- | --- |
| Reviewed by: |  |
| Designation: |  |
| Signature: |  |
| Date: |  |

##### Revision History

| **Date** | **Ver** | **Revised By** | **Reason for Revision** |
| --- | --- | --- | --- |
| 13/01/2025 | 01 | LCS | Newly developed document |