









1.0 General Information

Name of the Company Applying for Audit (Please use the full name of the company e.g. Ltd., Inc, SAC, SA, SARL, BV)	
Address of the Company (Street, postcode, town, province, country, P.O. Box)	
Business Registration Number	
Audited Site Name and Address (if different from the company name and address)	
Location of the Employee documents (If the employee documents, including payrolls, attendance, and personal files, are stored in a different location than usual.)	
Company's Legal Representative (Name, Designation, Email, and Contact Number)	
Company's Contact Person (Name and Designation If different from above)	
Email ID	
Contact Number	
Site's Contact Person and or Secondary Contact Person of the Company (Name and Designation)	
Email	
Contact Number	
Company Website	
Scope of the Registration (Describe your business activities)	
Office/Facility Working days and hours	
Production Site Working Hours/Shift System	
Peak Season (only if applicable)	

2.0 Audit/Verification Details	
Audit/Verification Program	Additional Information
<p>SMETA Audit</p>  <p>SEDEX Virtual Assessment</p>  <p><i>(Annex A01 to the application must be submitted along with this application)</i></p>	<p>SMETA 2 Pillar Audit <i>[Labour Standards + Health & Safety+ Additional elements of Entitlement to work + Sub Contracting and Home Working + Environment (shortened)]</i></p> <p>SMETA 4 Pillar Audit <i>(2 Pillar Audit + Business Practice + Environment)</i></p> <p>SEDEX Company Reference Number</p> <p>ZC:</p> <p>SEDEX Site Reference Number</p> <p>ZS:</p> <p><i>(From 4 May 2022, ONLY Sedex members will be allowed to have a SMETA audit)</i></p> <p><i>Effective from 1 June 2023, the SMETA report downloading fee by SEDEX will be increasing from £50 to £80.</i></p>
<p>Social & Labour Convergence Program (SLCP)</p> 	<p>Step 1 <i>(Recruitment & Hiring, Working Hours, Wages & Benefits, Worker Treatment, Worker Involvement, Health & Safety, Termination)</i></p> <p>Step 2 <i>(Step 1 + Management System)</i></p> <p>Step 3 <i>(Step 1 + Step 2 + Above & Beyond)</i></p>
<p>WRAP</p> 	<p>Facility ID</p>
<p>Control Union Ethical Sourcing Audit Tool (Benchmarking the Ethical Trading Initiative Base Code)</p> 	
<p>Brand Code of Conduct Verification</p> <p>Brand Name:</p>	
	

Application Form for Social Compliance Audit/Verification
Version 1.0 (082023)



Audit/Verification Type	Notification of the Audit/Verification (Some BRANDS need Semi Announced or Unannounced audit as a mandatory requirement)
Full Initial	Announced
Periodic / Renewal / Annual	Unannounced
Full Follow-Up	Semi-announced
Partial Follow-Up	Window Period: Name of the Brand:
Other (please describe)	
Desired Audit Date(s)/Period :	

Indicate the buyer you are supplying	Was the audit ordered by the brand? (Please select only applicable)	Remarks (If any)
Unilever (Unilever RS Program) (Unilever will no longer accept URSA under Unilever RS)		USQS Site ID
PepsiCo (PepsiCo SSP program)		
The Coca-Cola Company (Mutual Recognition)		
Marks and Spencer Clothing & Home Sector Food Sector		
Sainsbury's - Food		
Walmart		
Nestle (Nestle RSA program) (Audit shall be SEMI-ANNOUNCED with 04 weeks window)		
Tesco		
Hershey's RSSP		
Other (Please list the brands you are supplying)		

Brand Nomination	
Is there any "Brand Nomination" on selecting the audit house	YES (If yes, please verify that your buyer will Accept an audit report by the Control Union) NO



3. Basic Information of Audited Site				
Number of Buildings (On-site)	Office/Admin		Dormitory (onsite)	
	Production		Warehouse	
	Other (Please describe)			
Size of the Facility	Land Size			
	Total Floor Size			
Name of the Off-Site Dormitories (Only applicable)	Distance from the Site to be audited	Address of the Dormitory		
Service/Labour Providers (Ex: Janitorial, Security, Canteen, Local Labour)				
Name of the service/Labour Provider		Type of the Service		

4. Worker Analysis-Excluding Management								
	Local workers			Migrant Workers			Other	Total
	Permanent	Temporary	Agency	Permanent	Temporary	Agency	Home Worker	
Male								
Female								
Total								



5. Number of workers residing in dormitory facilities

Dormitory Name (Mention the status Onsite or offsite)	Local workers		Migrant Workers (Separately mention the country)		Total
	Male	Female	Male	Female	

6. Details of Migrant Workers and Languages spoken by the total workforce

Originating Countries for total workforce:	% of the entire Workforce originating From this country	Languages Spoken by Workers:	% of the entire Workforce Speaking this language
Languages Spoken by Management:	Language (1)		
	Language (2)		
Did the recruitment of migrant workers involve an agency?	YES		
	NO		
Name of the Agency	% of the entire migrant workforce by this agency		
Percentage of migrant workers in the company who are provided housing accommodation:			

7. Details of Vendor (only if applicable)

Company Name			
Address			
Contact Person		Designation	
Email		Contact Number	



8. Details for Invoice Arrangements

Company Name			
Address			
Contact Person		Designation	
Email		Contact Number	
Tax/VAT/SVAT Number			

9. Additional Information

Has the facility ever been inspected or certified for a social compliance program before by another CB/VB

SA8000	SMETA	SLCP	BSCI
ETI	WRAP	CT-PAT	Fairtrade
Fairtrade USA	Other		

Do you have open NCs from the above-mentioned audit?

YES (If YES, please describe)

NO

Has the facility participated in any other certification programs

I, the undersigned, declare that this application form has been completed truthfully.

Name :	Designation:
Date:	Signature: