

	National Certification Division	SCU/FOM/16
Title:	Gender Equality System Certification Application Form	Page 1 of 10

APPLICATION FOR GENDER EQUALITY SEAL CERTIFICATION

To : Rwanda Standards Board
P.O. Box 7099
Kigali.
Email: info@rsb.gov.rw

Subject of this certification form is:

Initial certification Extension of scope Re-certification

PART A: Applicant details:

1.0 Name of the company:.....

Physical Address:.....
.....
.....

Postal Address.....

Telephone:..... Fax..... Email:.....

Legal status:
.....

Registration No: Date of Issue:

Rwanda Revenue Authority TIN Number:.....

Company Representative/Owner:..... Sex(F/M):.....

Position held:

Telephone: Email:

1.1 Number of Employees
Please give total in the company for which certification is being sought.
Male:
Female:

1.2 Do you have language preference or special needs for communication.....
.....

1.3 For organization with sites other than the main site, which fall under the scope of applicant for certification, please fill the required information in the table below:

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Number of sites other than the main site		Name of Site (s)	Address physical	Activities performed
Number of employees	In administration/ Management			
	Male			
	Female			
	In production /Service provision			
	Male			
	Female			

(If need be, please attach a separate sheet)

For an organisation that operates at temporary sites which fall under scope of application for certification, please provide information detailed in the table below

Number of temporary sites		Name of temporary Site (s)	Physical Address	Activities performed
Number of employees	In administration/ Management			
	Male			
	Female			
	In production Service provision			
	Male			
	Female			

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Gender equality seal certification information

We the undersigned hereby apply for gender equality seal certification according to RS 560:2023 Gender equality — Requirements for promotion, implementation and accountability.

To complete the application, please fill the relevant Preliminary information for GES Certification (SCU/QR/07) and submit it together with this filled and duly signed form.

***Please answer this question only if you are applying for recertification**

Is there any changes that happened in your organization’s Gender equality system since the last surveillance audit? Yes No

If Yes, explain

.....
.....
.....
.....
.....

Confirmation of validity of information stated by an authorized company representative

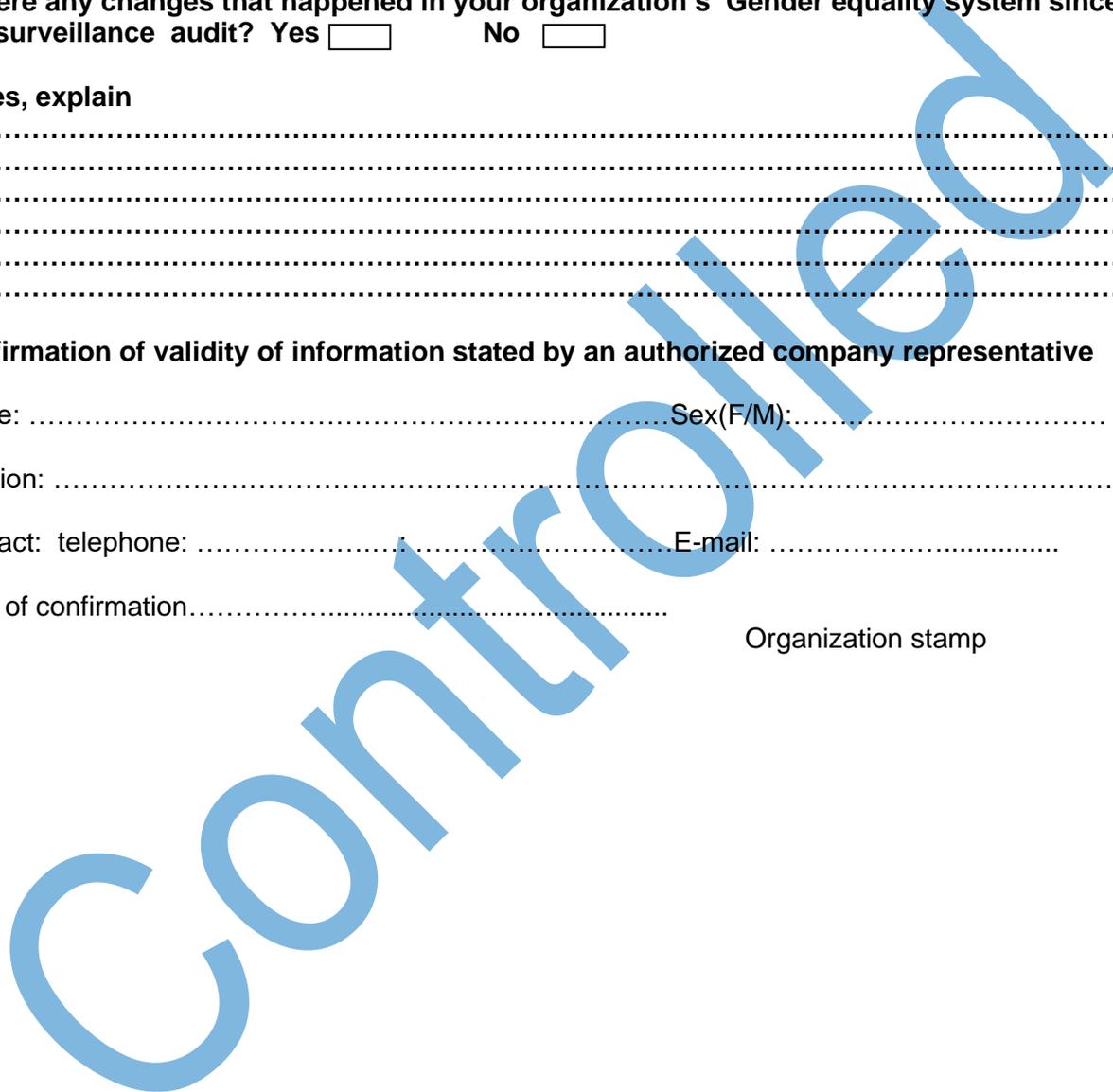
Name: Sex(F/M):.....

Position:

Contact: telephone: E-mail:

Date of confirmation.....

Organization stamp



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PART B: (To be filled by the relevant Gender equality system certification officer in-charge considering the inputs in the questionnaire)

Application number.....

Date delivered.....

Application expiry date.....

* **(Application for re-certification)** Do the changes in the client's Gender equality necessitate to conduct stage 1 audit? Yes No

Justification:

Time required to complete the audit: (calculation).....

Justification.....

Opinion and Justification (acceptance or decline).....

Review for Auditor assigned

Verified and approved by Director SCU.....

PART C

Title:

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Application review decision.....

Justification on decision.....

Name:

Remarks:

Date.....Signature.....

Controlled