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**GSTC Accreditation**

**Application Form**

Version 2.1

Version Effective Date: November 1, 2024

Approval: GSTC Global Assurance Director

1. **Applicant’s Information**

| **Applicant’s Detail** |
| --- |
| Name |  |
| Address |  |
| Telephone Number |  | Fax Number |  |
| Website |  |
| Company Registration Number/ VAT Number |  |
| Legal Representative Name |  | Legal Representative Email Address |  |
| Person In Charge (PIC) |  | PIC Email Address |  |
| PIC Title |  | PIC Telephone Number |  |

| **Applicant’s Affiliate Office Information (If applicable)** |
| --- |
| Name |  |
| Address |  |
| Operated Geographical areas by the Affiliate Office(AO) |  |
| Website |  |
| Legal Representative Name |  | Legal Representative Email Address |  |
| Person In Charge (PIC) |  | PIC Email Address |  |
| Telephone number |  | Fax Number |  |
| Company Registration Number/ VAT Number (if applicable) |  |

1. **Accreditation’s Scope of Application**

Please indicate which scope of GSTC Accreditation you are applying for.

| **Scope of Accreditation** | **Reference Standard** |
| --- | --- |
| Hotel and Accommodation (H) | GSTC Criteria for Hotel/Accommodation | ☐ |
| GSTC-Recognized Standard | ☐ |
| If the scope of GSTC-Recognized Standard, please specify the name: |  |
| Tour Operator (TO)   | GSTC Criteria for Tour Operator | ☐ |
| GSTC Criteria (Tour Product) | ☐ |
| GSTC-Recognized Standard | ☐ |
| If the scope of GSTC-Recognized Standard, please specify the name: |  |
| Destination (D)  | GSTC Criteria for Destination | ☐ |
| GSTC-Recognized Standard | ☐ |
| If the scope of GSTC-Recognized Standard, please specify the name: |  |

| **Geographic Area**Please provide a list of countries or regions where the applicant CB intends to offer certification services and can demonstrate adequate organizational capacity.*Note: A region refers to an area, especially part of a country or the world, with definable characteristics but not always fixed boundaries.* |
| --- |
| List of the Countries or Regions |  |
| Does the CB have any authorized documentation for China (if applicable) to ensure its legal operations? (e.g., Accreditation Certificate issued by CNCA) |  |
| In case there are no affiliate offices or adequate personnel in those countries, please demonstrate your organizational capacity and legal or regulatory considerations in this regard. |  |

1. **Accredited Status**

Please provide the details of other accreditation schemes for which your company has been accredited.

| **Accreditation Type** | **Name of the Accreditation Body** | **Scope of Accreditation**  | **Certificate** **Number** |
| --- | --- | --- | --- |
| ISO/IEC 17065:2012  |  |  |  |
| Other accreditation(Up to main three other than ISO/IEC 17065:2012) |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Defining the Quality System of Applicant**

Please provide information for each requirement along with the respective documentation and references. Additionally, submit the related documents and name and specify the details, such asstating*, 'The legal form is outlined in the PRO-123-CB Clause 4.3.'.*

| **Requirements** | **Remarks and Reference Document** |
| --- | --- |
| Legal form (Evidence documents indicating legal status) |  |
| Ownership structure |  |
| Organizational structure  |  |
| Confidentiality and Data Security Protocols |  |
| Anti-Bribery and Corruption Policy |  |
| Non-discriminatory Policy |  |
| Please provide information if the CB faced accusations or undergone investigations related to fraud, corruption, or other unethical activities in the past 5 years. |  |
| Does your organization, including its subsidiaries, related entities, or affiliated companies, provide any form of consulting or advisory? |  |
| If you answered “yes” to the previous question, what measures do you take not to compromise the impartiality of yourcertification activities? |  |

*Note: all documents shall be provided in English.*

**Declaration**

| I acknowledge and agree to the following terms and conditions of the application for the GSTC Accreditation:**GSTC's Evaluation and Discretion:**I understand that GSTC evaluates the CB's eligibility to apply for GSTC Accreditation but does not guarantee acceptance as an official applicant. The decision to accept the CB as an official applicant for GSTC Accreditation is subject to its discretion.**Cooling-off Period:**In the event of application rejection, GSTC may impose a cooling-off period until a new application for accreditation can be submitted.**Nature of GSTC Accreditation:**I acknowledge that the GSTC Accreditation does not constitute an accreditation within the meaning of Regulation (EC) No. 765/2008, but it follows the regulation in certain EU countries where the GSTC has collaborated with national accreditation bodies.GSTC Accreditation is based on privately set standards and should not be construed as attestation regarding compliance with public authorities' standards or regulations.**Application Fees:**I agree to pay the entire application fee outlined in the GSTC Fee Schedule. I acknowledge that these fees are non-refundable if the application is not accepted.**Ongoing Fulfillment of Accreditation Requirements:**I commit to continually adhere to the GSTC Accreditation Manual Requirements for all applied certification scopes.**Governing Law:**I acknowledge that this application and any ensuing agreements with GSTC are governed and interpreted by the laws of the USA.**Personal Data:**I understand that collecting and processing of personal data provided in this form and throughout the application process are necessary for GSTC's legitimate interests in evaluating and processing the accreditation application.I further understand that GSTC may retain personal data throughout the application process and if applicable, during accreditation and surveillance activities until the CB requests its removal or the working relationship with GSTC ceases to be active.**Confidentiality of Documents:**I acknowledge that all written and verbal information, assessment reports, and relevant documents produced by GSTC during the accreditation application shall remain strictly confidential. I agree that such materials will not be shared with third parties without prior written approval from GSTC.**Signature Compliance:**I affirm that the signature(s) on this application form corresponds to the individual(s) authorized to represent the applicant, as specified in the extract from the legal form.By submitting this application, I affirm my understanding and acceptance of these terms and conditions. |
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| **Important Notice: Protecting Privacy and Confidentiality**GSTC understands the importance of keeping the applicant's personal and business information confidential. Any data we receive during the application process will be treated as confidential if it's not publicly available or accessible to third parties. GSTC employees are contractually obligated to uphold confidentiality. GSTC takes measures to protect confidential information through controlled access and secure storage. For more detailed information, please refer to the GSTC Privacy Policy. |
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| **Place, Date** |  |
| --- | --- |
| **Full Name and Position of the CB Authorized Representative** |  |
| **Signature** |  |

*All information submitted through this form will be treated as confidential and used solely for accreditation purposes.*