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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Emirates National**  **Accreditation System (ENAS)**  **Please type or use BLOCK LETTERS** | | | | | | | | | | |
| Part A - Details of the applicant | | | | | | | | | | |
| Company/Legal entity applying: | | | | | | | | | | |
| Legal status (please tick one or more): | | | | | | | | | | |
| 🞎 Private company | | 🞎 Semi government | | | 🞎 Public/ government | | | |  | |
| 🞎 Part of an academic institution  🞎 Other, please Specify | |  | | |  | | | |  | |
| Company Trade Licence No: | | | | | | | | | | |
| Main Location address: | | | | | | | | | | |
| Main mailing address: | | | | | | | | | | |
| Telephone: | | | | Fax: | | | | | | |
| Website: | | | | Email: | | | | | | |
| Describe the types of the services provided and the locations where those services are offered: | | | | | | | | | | |
| Main activities (please tick): | 🞎 Product certification  🞎 Management system certification | | 🞎 Testing laboratory  🞎 Medical Laboratory | | | | 🞎 Calibration laboratory  🞎 Halal Certification | | | |
| 🞎 Personnel certification | | 🞎 Inspection | | | | 🞎 Proficiency Testing Provider | | | |
| For inspection bodies please identify what type of inspection you are as defined in ISO/IEC 17020, (please tick): | | | | | | 🞎 A | | 🞎 B | | 🞎 C |
| Does the organisation carry out work outside of the UAE Y/N If so, please state where: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If the applicant is part of a parent entity please name the parent entity and describe the relationship between it and the applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where did you hear about ENAS’s accreditation services? (please tick): | | | 🞎 Word of mouth | | | | | | 🞎 Website | | | | | | | | | | | | | | 🞎 Newspaper and Social media. | | | | | | | | | | | |
| 🞎 Conference/ exhibition/ workshop.  🞎 Reference from an importer/exporter/ client  Please specify?    🞎 Other, please specify? | | | | | | | | | | | | | | | | | | | | 🞎 Mandate by regulator | | | | | | | | | | | |
| **Part B - Details of contact person for this application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | First name: | | | | | | | Second name: | | | | | | | | | | | | | | Family/Surname: | | | | | | | | | |
| Position: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship with applicant if not an employee of the applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address (if different from above): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | Fax: | | | | | | | | | | | | | | | | |
| Mobile telephone: | | | | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | |
| **Part C – General details of site(s)/locations and scope of accreditation being applied for (duplicate for each site as required) and authorised representative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of facility/site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year of establishment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| website (optional): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applied scope of Accreditation: ***(one choice/application is allowed)***: | | | 🞎 Product certification in accordance with ISO/IEC 17065  🞎 Halal Product Certification  in accordance with UAE S 2055-2 | | | | | | | | | | | | 🞎 Testing laboratory accordance with ISO/IEC 17025 | | | | | | | | | | | | 🞎 Calibration laboratory in accordance with ISO/IEC 17025 | | | | | | | |
| 🞎 Inspection body in accordance with ISO/IEC 17020 | | | | | | | | | | | | 🞎 Medical Laboratory in accordance with  ISO 15189 | | | | | | | |
| Total number of employees and contractors in the applicant’s organisation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part D – Authorised representative** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | First name: | | | | | | Second name: | | | | | | | | | | | | | | | | Family/Surname: | | | | | | | | | | |
| Position: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship with applicant if not an employee of the applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address (if different from above): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | | | | | | | | | | | | Fax: | | | | | | | | | | | | |
| Mobile telephone: | | | | | | | | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | |
| *I hereby accept nomination as the CAB’s authorised representative. I undertake to ensure compliance with the Rules of the ENAS at all times. I authorise the ENAS to enter my name as the facilities authorised representative.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominating person name: | | | | | | | | | | | | | | | | | | | | | Signature: | | | | | | | | | | | | | |
| Position: | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | |
| Part E – Applied scope for Accreditation  * The scope must be filled in the relevant table, you can insert as many rows as needed, for more than one location you can insert/copy another table accordingly. * The test methods/standards must be stated along with their applicable edition or year or version number and complete title. * If CAB is applying for any scope included in ENAS mandatory scope list, please refer to related ENAS mandatory minimum scope to be listed as required by ENAS policy * only activities where the CAB can prove its competence to perform are included in the scope, which excludes externally provided activities on an ongoing basis. * In case of scope expansion or renewal application, please include scope expansion and update scope only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Testing Laboratories** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For testing laboratories seeking accreditation to ISO/IEC 17025 requirements please provide the details as specified below. Specifications in the fourth column may include specifications issued by companies and other, as well as national and international standards. In the absence of standard specifications, documented in-house procedures may be quoted.  ***Permanent laboratory* 🞎  *On-site* 🞎**  ***\*Select the sector(s) in which you apply for (✓):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agriculture** | | | | | | |  | | | | | | | **Fluid systems and components for general use** | | | | | | | | | | | | | | | | | | |  | |
| **Chemical technology** | | | | | | |  | | | | | | | **Food technology** | | | | | | | | | | | | | | | | | | |  | |
| **Civil engineering** | | | | | | |  | | | | | | | **Glass and ceramics industries** | | | | | | | | | | | | | | | | | | |  | |
| **Construction materials and building** | | | | | | |  | | | | | | | **Manufacturing engineering** | | | | | | | | | | | | | | | | | | |  | |
| **Electrical engineering** | | | | | | |  | | | | | | | **Metallurgy** | | | | | | | | | | | | | | | | | | |  | |
| **Environment. Health protection. Safety** | | | | | | |  | | | | | | | **Natural and applied sciences** | | | | | | | | | | | | | | | | | | |  | |
| **Paint and color industries** | | | | | | |  | | | | | | | **Rubber and plastic industries** | | | | | | | | | | | | | | | | | | |  | |
| **Petroleum and related technologies** | | | | | | |  | | | | | | | **Textile and leather technology** | | | | | | | | | | | | | | | | | | |  | |
| ***Others (please specify)*** | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Testing Field** | **Materials/ Products tested** | | | | | Type of test/ Test parameter/ Properties measured/ Range of measurement | | | | | | | | | | | | | **Test Method**  **(Standard, Internal Procedure, Technique)** | | | | | | | | | | Permanent lab (P) **/ Client-site (S)** | | | | | |
| Chemical Technology | Drinking water | | | | | pH  *(for microbiology parameters state detection or enumeration)* | | | | | | | | | | | | | APHA/AWWA [4500-H+B](https://www.google.com.sa/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwjy6tP38dfZAhXOKewKHaCqC8sQFgg1MAM&url=https%3A%2F%2Fwww.nemi.gov%2Fmethods%2Fmethod_summary%2F4707%2F&usg=AOvVaw2zOCSBDnKb8PF1_EUQnHn4) / 23rd Ed 2017 | | | | | | | | | | P | | | | | |
| **Calibration Laboratories** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For calibration laboratories/facilities seeking accreditation to ISO/IEC 17025 please indicate the field of calibration and all the measurement parameters for which you seek ENAS accreditation (for example force, mass, pressure):  ***Permanent laboratory* 🞎  *On-site* 🞎**  ***\*Select the sector(s) in which you apply for (✓):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Linear and angular measurements** | | | | | | | |  | | | | | **Measurement of volume, mass, density, viscosity** | | | | | | | | | | | | | | | | | | |  | | |
| **Electricity. Magnetism. Electrical and magnetic measurements** | | | | | | | |  | | | | | **Thermodynamics and temperature measurements** | | | | | | | | | | | | | | | | | | |  | | |
| **Measurement of force, weight and pressure** | | | | | | | |  | | | | | **Acoustics and acoustic measurements** | | | | | | | | | | | | | | | | | | |  | | |
| **Measurement of time, velocity, acceleration, angular velocity** | | | | | | | |  | | | | | **Radiation measurements** | | | | | | | | | | | | | | | | | | |  | | |
| Calibration Field/ Quantity/ Property | Measurand / Equipment | | | | Measuring Range | | | CMC (k=2) | | | | | | | | | | | | Calibration Method (standard/ internal procedure) | | | | | | | | **Permanent lab (P)** / Client-site (S) | | | | | | |
| Electrical | Instrument calibrators  (DC Voltage) | | | | 1 – 10V | | | 0.3mV | | | | | | | | | | | | Euramet Guidelines | | | | | | | | P | | | | | | |
| **Inspection Bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For inspection bodies seeking accreditation to ISO/IEC 17020 please indicate the scope(s) for which you seek ENAS Accreditation (see the relevant supplementary accreditation requirements for predefined scopes):  **Type A 🞎 Type B 🞎 Type C 🞎**  ***\*Select the sector(s) in which you apply for (✓):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agriculture (Fertilizers)** | | | | | | | | | | | | |  | | | | **Information technology** | | | | | | | | | | | | | | | | |  |
| **Chemical Technology** | | | | | | | | | | | | |  | | | | **Manufacturing engineering** | | | | | | | | | | | | | | | | |  |
| **Civil engineering** | | | | | | | | | | | | |  | | | | **Materials handling equipment. Lifting equipment** | | | | | | | | | | | | | | | | |  |
| **Construction materials and building. Construction equipment** | | | | | | | | | | | | |  | | | | **Mechanical systems and components for general use** | | | | | | | | | | | | | | | | |  |
| **Domestic and commercial equipment. Entertainment. Sports** | | | | | | | | | | | | |  | | | | **Metallurgy** | | | | | | | | | | | | | | | | |  |
| **Electrical engineering** | | | | | | | | | | | | |  | | | | **Packaging and distribution of goods** | | | | | | | | | | | | | | | | |  |
| **Energy and heat transfer engineering** | | | | | | | | | | | | |  | | | | **Paint and colour industries** | | | | | | | | | | | | | | | | |  |
| **Environment. Health protection. Safety** | | | | | | | | | | | | |  | | | | **Petroleum and related technologies** | | | | | | | | | | | | | | | | |  |
| **Fluid systems and components for general use** | | | | | | | | | | | | |  | | | | **Road vehicles engineering** | | | | | | | | | | | | | | | | |  |
| **Food technology** | | | | | | | | | | | | |  | | | | **Rubber and plastic industries** | | | | | | | | | | | | | | | | |  |
| **Services. Company organization. Management and quality. Administration. Transport. Sociology** | | | | | | | | | | | | |  | | | | **Textile and leather technology** | | | | | | | | | | | | | | | | |  |
| **Telecommunications. Audio and video engineering** | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |  |
| **Others** | | | | | | | | | | | | |  | | | | **please specify:** | | | | | | | | | | | | | | | | | |
| **Inspection Category** | | | | | **Inspection Field** | | **Type and Range of Inspection** | | | | | | | | | | | | | | | | | | | | **Inspection Criteria/ Methods/ Procedures** | | | | | | | |
| Lifting Equipment | | | | | Mobile Crane | | Initial and periodic inspections | | | | | | | | | | | | | | | | | | | | BS 7121-1: 2016 | | | | | | | |
| **Product Certification Bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For product certification bodies seeking accreditation to ISO/IEC 17065 please state the name of products and applicable standards and/or schemes against which you are applying for ENAS Accreditation:  ***\*Select the sector(s) in which you apply for (✓):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Load and Non-Load Bearing Fire Rated Doors and Shutters (All types of Door/Shutter Assembly)** | | | | | | | | | | | |  | | | | | **Audio, video and similar electronic apparatus.** | | | | | | | | | | | | |  | | | | |
| **Load and Non-load Bearing Building Enclosure Elements and Assembly (Internal and External)** | | | | | | | | | | | |  | | | | | **Plugs and socket outlets for household and similar purposes.** | | | | | | | | | | | | |  | | | | |
| **Household and similar electrical appliances.** | | | | | | | | | | | |  | | | | | **Switches for household.** | | | | | | | | | | | | |  | | | | |
| **Toys and electric toys** | | | | | | | | | | | |  | | | | | **Electrical accessories.** | | | | | | | | | | | | |  | | | | |
| **Hand-held motor operated electric tools.** | | | | | | | | | | | |  | | | | | **Lighting Products.** | | | | | | | | | | | | |  | | | | |
| **Laser Products.** | | | | | | | | | | | |  | | | | | **Luminaires.** | | | | | | | | | | | | |  | | | | |
| **Construction materials and building. Construction equipment** | | | | | | | | | | | |  | | | | | **Electrical engineering** | | | | | | | | | | | | |  | | | | |
| **Domestic and commercial equipment. Entertainment. Sports** | | | | | | | | | | | |  | | | | | **Food technology** | | | | | | | | | | | | |  | | | | |
| **Road vehicles engineering** | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |  | | | | |
| **Others** | | | | | | | | | | | |  | | | | | **please specify:** | | | | | | | | | | | | | | | | | |
| Product Category | | | | | Items, Materials or Products | | | | | Specific tests or properties Measured | | | | | | | | | | | | | | | | Specification, standard method or Technique used | | | | | | | | |
|  | | | | | General Requirements for house hold appliances | | | | | G-mark scheme | | | | | | | | | | | | | | | | IEC 60335-1 | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Halal Certification Bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For halal certification bodies seeking accreditation to UAE S. 2055-2: ***\*Select the sector(s) in which you apply for (✓):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Farming 1 (Animals).** | | | | | | |  | | | | | | | | | **Food Service.** | | | | | | | | | | | | | | |  | | | |
| **Farming 2 (Plants).** | | | | | | |  | | | | | | | | | **Distribution.** | | | | | | | | | | | | | | |  | | | |
| **Processing 1 (Perishable animal products).** | | | | | | |  | | | | | | | | | **Services.** | | | | | | | | | | | | | | |  | | | |
| **Processing 2 (Perishable vegetable products).** | | | | | | |  | | | | | | | | | **Transport and storage.** | | | | | | | | | | | | | | |  | | | |
| **Processing 3 (Products with long shelf life at room temperature).** | | | | | | |  | | | | | | | | | **Equipment manufacturing.** | | | | | | | | | | | | | | |  | | | |
| **Feed production.** | | | | | | |  | | | | | | | | | **Chemical and Biochemical manufacturing.** | | | | | | | | | | | | | | |  | | | |
| **Other materials manufacturing (Cosmetics, textile, leather products etc)** | | | | | | |  | | | | | | | | | **Packaging and wrapping material manufacturing.** | | | | | | | | | | | | | | |  | | | |
| **Others** | | | | | | | **please specify:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories | | | | | Products | | | | | **Scheme Type** | | | | | | | | | | | | | | Specification, standard method or Technique used | | | | | | | | | | |
| Long shelf life products (CAT E) | | | | | Canned products, biscuits, sugar, etc | | | | | UAE Scheme | | | | | | | | | | | | | | UAE 2055-1 | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |

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| **Medical Laboratories** | | | | | | | |
| For product medical laboratories seeking accreditation to ISO15189:*\*Select the sector(s) in which you apply for (✓):* | | | | | | | |
| **Clinical Chemistry (Routine)** | | |  | **Hematology & Coagulation** | | |  |
| **Endocrinology** | | |  | **Transfusion Medicine** | | |  |
| **Toxicology** | | |  | **Cytogenetics** | | |  |
| **Immunology** | | |  | **Andrology** | | |  |
| **Microbiology** | | |  | **Anatomical Pathology** | | |  |
| **Serology** | | |  |  | | |  |
| **Others** | | |  | **please specify:** | | | |
| **Medical Field** | **Biological Sample** | **Components / Analytes** | | | **Examination technique** | **Examination Procedure Refrence** | |
| (e.g. clinical chemistry, hematology) | (e.g. whole blood, serum, body fluid) | (e.g. CO2) or related groups of analytes (e.g. liver function)\* | | | (e.g. IR spectrometry) |  | |

**Rules & Policies:**

* **Confidentiality Policy:** I authorize ENAS to release information regarding our application status. **Yes  No**
* **Legally Enforceable agreement:** The ACF 10-02 constitutes the legally enforceable agreement between ENAS and the applicant in line with requirements of ISO/IEC 17011. Signed copy shall be submitted along with the application.
* **Required Documents:** The CAB shall provide all the documents as necessary and specified by ENAS (see annex-1) so it can perform document review in relation to any type of assessment to be conducted, in case if a CAB cannot provide some documents out of its premises, ENAS will then accordingly determine the necessary action to conduct document review onsite.

The applicant’s AUTHORIZED REPRESENTATIVE must attest that all statements made on the application are correct to the best of their knowledge and belief. An accredited organization’s AUTHORIZED REPRESENTATIVE is an official who represents the organization in all matters related to maintaining ENAS accreditation. This official is ENAS's primary point of contact with the organization.

**Declaration**

*As the applicant Organization's Authorized Representative, I agree to the above conditions and obligations for accreditation. I attest that all statements made on this application are correct to the best of my knowledge and belief.*

**AUTHORIZED REPRESENTATIVE NAME AUTHORIZED REP. SIGNATURE DATE**

……………………………………………… …………………………………………………….. …………….

**Annex 1**

List of required documents to be submitted along with this filled and signed application form\*:

| **#** | **Description / Title of the document** | **15189**  **Medical** | **17025**  **Testing & Calibration** | **17020**  **Inspection** | **17065**  **Product Certification** | **UAE 2055-2**  **Halal Certification** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Proof of organisation being legal entity  (e. g. Trade license or Commercial Registration) | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | Registration Certificate  (CABs located in UAE only and which required to be register as per Cabinet Decision 35 for the year 2015) | - | ✔ | ✔ | ✔ | ✔ |
|  | Proof of third party liability insurance or equivalent provisions  (if a liability insurance is required by law or other regulations) | If applicable / optional | If applicable / optional | ✔ | ✔ | ✔ |
|  | ENAS accreditation standard checklist (must be filled & provided in word format) | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | Quality management system documentation   1. Documented mechanism of quality policies & procedures e.g. Quality manual 2. management system procedures | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | Master list(s) of all documentation of the management system | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | Organisational chart | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | List of employees stating their qualification/professional trainings.  List of approved signatories of the reports / certificates | If applicable / optional | If applicable / optional | ✔ | ✔ | ✔ |
|  | Provide methods / procedures/ standards / SOPs in relation to the scope applied.  (If in-house SOP (sometimes called work or test instructions) is used then provide both in-house SOP as well as the reference national/international standard). | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | A copy of the original report or certificate for each major category for the applied scope of accreditation (e.g.test report, calibration certificate,…) | If applicable / optional | If applicable / optional | If applicable / optional | ✔ | If applicable / optional |
|  | Calculations of measurement uncertainty for the scope of accreditation | If applicable / optional | If applicable / optional | NA | NA | NA |
|  | List of equipment items | If applicable / optional | If applicable / optional | If applicable / optional | If applicable / optional | If applicable / optional |
|  | Complete ENAS Form - Proficiency Testing Follow-up Sheet  (should be filled with PT / ILC participation details)  (Certificates or summary provided by the PT provider should be submitted along with the sheet) | ✔ | ✔ | ✔ | - | - |
|  | Complete ENAS Form - Metrological Traceability Sheet | ✔ | ✔ | ✔ | - | - |
|  | The last Management review report | ✔ | ✔ | ✔ | ✔ | ✔ |
|  | The last internal audit Report | ✔ | ✔ | ✔ | ✔ | ✔ |
| 15. | Impartiality documents (Risk analysis, top management declarations and mechanism) | If applicable / optional | If applicable / optional | ✔ | ✔ | If applicable / optional |
| 16. | List of countries where certificates are granted indicating the number of certificates per country | - | - | If applicable / optional | If applicable / optional | If applicable / optional |
| 17. | List of countries where certification activities are performed by branch offices indicating the specific activities | - | - | - | If applicable / optional | If applicable / optional |
| 18. | List of countries where certification activities are performed by "remote personnel“ (personnel, that is not working from a branch office of the certification body) | - | - | - | If applicable / optional | If applicable / optional |
| 19. | Critical locations according to IAF MD 12 | - | - | - | If applicable / optional | If applicable / optional |
| 20. | List of all auditors/inspectors approved by the certification body indicating the scope and location | - | - | ✔ | ✔ | ✔ |
| 21. | If you have existing accreditation and you wish it to be considered by ENAS then please provide:   1. Copy of Accreditation certificate 2. Copy of Accreditation scope 3. Copy of the last assessment report | If applicable / optional | If applicable / optional | If applicable / optional | If applicable / optional | If applicable / optional |

✔ must be provided

\*Its mandatory to provide all the documents at the time of application and before the initial assessment, whereas in the subsequent assessment only updated/revised document are normally required to be provided however ENAS reserves the right in asking for all the documents again as and if needed.