

Welcome!

To begin our partnership with you we need to ensure that we have all of the information we need to best serve you, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!

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### **CB Contact Information**

Company Name:

Company Registration Number:

Trading As:

Does your Company hold  
Professional Indemnity or  
Liability Insurance? Please  
state amount below

Yes  
No

Proposed Assessor Name:

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### **Applicant CB Assessor Information**

Applicant Assessor Name:

Telephone Number:

e-Mail Address:

#### **Current CB Status:**

##### **Option 1:**

Already Accredited Through IAF / EA / MLA for:

BS EN ISO/IEC 17065:2012

BS EN ISO/IEC 17021:2015

BS EN ISO/IEC 17024:2012

BS EN ISO/IEC 17020:2012

##### **Option 2:**

Not Accredited. (Own QMS)

**Please submit a copy for review**

Product/s Being Applied For:

Cyber Essentials (CE)

Cyber Essentials Plus (CE+)

Please ensure that you submit a a copy of your company registration documents and proof of Indemnity / Professional Liability Insurance along with this application form.

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## Declaration:

I confirm that my application is complete and all information provided as part of this application is true and correct:

I understand that as a CB I may be subject to random and unannounced spot checks by APMG Staff or their representatives; if issues are identified with CB conduct or actions, I am aware suspension or withdrawal proceedings regarding my approved status may be initiated.

I also grant permission for APMG to disclose my details in relation to the CB status to third parties for the purposes of audit of APMG by regulatory bodies such as APM Group – NCSC / BEIS recognised auditors.

By signing this application, I declare that, by making this application, I will not be in breach of any court order or any express or implied terms of any contract or other obligation binding on me and I hereby undertake to indemnify the Company (APMG) against any claims, costs, damages, liabilities or expenses which the Company may incur as a result if I am in breach of any such obligations.

By signing this application, I hereby confirm that I agree:

- to comply with the relevant provisions of APMG's certification scheme for Cyber Essentials / Cyber Essentials Plus
- to make claims regarding certification only with respect to the scope for which certification has been granted
- not to use certification in such a manner as to bring the certification body and/or product into disrepute and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized
- to discontinue the use of all relevant intellectual property and all claims to certification that contains any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body
- not to use the certificate in a misleading manner

### Confidentiality Agreement for Approved CB and Assessor(s):

I confirm that as an approved CB of APMG, I will comply with all of the obligations imposed on me by both statute and the general law , but not limited to the obligation including:-

- Not to disclose the business of APMG, or other confidential information either during or after the approval of the CB
- To return to APMG upon request all documents and papers to APMG
- I confirm that neither I nor any of the CBs approved assessors will conduct evaluations on clients with whom there is or may be a conflict of interest
- To act in good faith in the interests of APMG

For the purposes of this agreement, confidential information is any information including but not limited to clients, such as client proprietary data, personal details or any other documents provided to enable assessments to be completed

**Applicant CB Main Contact:**

**Date:**

**Applicant CB Main Contact Name:**

**Approved Assessor(s):**

**Approved Assessor(s) Name:**

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**APMG Signature:**

**APMG Technical Assessor Name**

**Application Review &  
Recommendation Date:**

**APMG Decision Maker Name**

**APMG Approval Decision Date**