Commission Nationale pour la Protection des Données - CNPD



Accreditation Application form For Monitoring bodies

# PRELIMINARY NOTES

The present application form is intended for an organisation applying for the CNPD accreditation as a monitoring body of a code of conduct.

Once completed, the application form and the supporting documents must be dispatched to the CNPD, either electronically to [cdc@cnpd.lu](mailto:certification@cnpd.lu), by hand against acknowledgement of receipt or by postal mail to the following address:

CNPD

Service Conformité

15, boulevard du Jazz

4370 Belvaux

Incomplete applications are kept open pending the receipt of missing information and/or documents.

The CNPD recommends that the applicant consults the accreditation requirements on the CNPD official website in order to prevent any delayed processing.

# Main application requirements

Please be ready to provide all relevant supporting documentation for the below affirmations upon request.

|  |  |
| --- | --- |
| Has your organisation conducted an analysis to confirm that the CNPD is the competent authority for the accreditation request? | Yes  No |
| Has your organisation conducted a preliminary internal gap analysis in order to evaluate its degree of compliance with the CNPD accreditation requirements adopted by the CNPD on 19th of December 2022? | Yes  No |
| Has the code of conduct for which your organisation applies as a monitoring body been approved and published by a competent supervisory authority? | Yes  No |
| Has the relevant code owner issued a positive conclusion based on a documented assessment on the alignment of your monitoring body with the requirements regarding monitoring bodies of the code of conduct? | Yes  No |
| Based on the accreditation requirements for monitoring bodies as well as the requirements specified in the relevant code of conduct, does your organisation declare being an eligible monitoring body for this code of conduct? | Yes  No |

# Code of conduct INFORMATION

|  |  |
| --- | --- |
| Title of the code of conduct |  |
| Legal name and address of the code owner |  |
| Contact information of the code owner (name, phone number, email address, etc.) |  |
| Competent supervisory authority for this code |  |
| Date of approval for this code |  |
| Applicability of the code | National (Luxembourg)  European  Other: please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# ORGANIsATION INFORMATION

## General Information

|  |  |
| --- | --- |
| Full organisation name (legal entity name and trade name, if different) |  |
| RCS number |  |
| Address of establishment in Luxembourg |  |
| Website |  |
| Telephone |  |
| Email address |  |
| Contact person information (name, phone number, email address, etc.) |  |
| Legal representative information (name, phone number, email address, etc.) |  |
| Administrative language of the organisation | Luxembourgish  French  German  English |

## Business Activity

What is / are the main business activity / activities of your organisation?

|  |
| --- |
|  |

## Organisation Structure

Is your organisation part of a Group?

Yes  No

If yes, please indicate the following information:

|  |  |
| --- | --- |
| Full Group name |  |
| Address |  |
| Nature of the relationship between the organisation and the Group  *(E.g. subsidiary/ parent, etc.)* |  |

Does your organisation have a relationship with the code owner (e.g. internal department, subsidiary, etc.)?

Yes. Please specify:

No

Does your organisation have a relationship (e.g. internal department, subsidiary, etc.) with a prospective code member?

Yes. Please specify:

No

Does your organisation have any subsidiaries?

Yes  No

If yes, please indicate the following information:

|  |  |
| --- | --- |
| Full name of the subsidiaries | Address |
|  |  |
|  |  |
|  |  |
|  |  |

# STAFF INFORMATION

|  |  |
| --- | --- |
| Total number of employees in your organisation |  |
| Total number of employees exercising a code of conduct monitoring function (full time versus part time) |  |
| Is the “monitoring team” fully dedicated to monitoring activities? | Yes  No |
| In case employees are involved in any activity and/or project other than code of conduct monitoring, please indicate the activity / project type.  This includes work for other entities, if applicable. |  |

# DECLARATION

List of supporting documents to be submitted with the application:

1. Organisation articles of association;
2. General organisation chart;
3. Organisation chart of the code of conduct monitoring team;
4. If applicable, group organisation chart including subsidiaries;
5. Most recent audited annual report or financial statements (profit and loss account and balance sheet);
6. Maturity self-assessment;
7. Analysis of the choice of the supervisory authority;
8. Other relevant document(s).

The organisation declares that the information contained herein is true and accurate.

Signature of legal representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_