Commission Nationale pour la Protection des Données

Form intended for organizations that want to apply for accreditation from the CNPD for delivering the GDPR-CARPA certification



GDPR-CARPA  
Application form for accreditation

# PRELIMINARY NOTES

This application form is intended for organizations who want to apply for the CNPD accreditation in order to become a certification body for delivering the GDPR-CARPA certification.

Once completed, the application form and the supporting documentation required (listed in section 6 below) need to be addressed to the CNPD. It can be returned electronically to [certification@cnpd.lu](mailto:certification@cnpd.lu) or sent in hard copy to the CNPD to the following address:

CNPD

Service Certification

15, boulevard du Jazz

4370 Belvaux

The application for accreditation needs to contain all the documentation required. Incomplete applications will be subject to delay until all information is received.

Note: When you submit your application, the CNPD expects to receive a complete and quality file. To this end, we insist on the importance that the candidate be prepared upstream of the transmission of his application and his file.

# Main requirements for applying

|  |  |
| --- | --- |
| Are you able to issue assurance reports as defined by the International Standard on Assurance Engagements ISAE 3000 (Assurance Engagements Other than Audits or Reviews of Historical Financial Information) issued by the International Auditing and Assurance Standards Board (IAASB).  This ISAE is premised on the basis that:  - The members of the engagement team and the engagement quality control reviewer are subject to Parts A and B of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants (IESBA Code) related to assurance engagements, or requirements in law or regulation, that are at least as demanding; and  - The practitioner who is performing the engagement shall be a member of a firm that is subject to ISQC 1, or requirements in law or regulation, regarding the firm’s responsibility for its system of quality control, that are at least as demanding as ISQC 1. | Yes  No |
| Based on the accreditation requirements and your gap analysis, do you estimate having competent and sufficient number of personnel to cover your operations related to the certification mechanism?  *Note: Outsourcing as defined by ISO17065 is not permitted under the GDPR-CARPA mechanism. The certification body can only use external experts for specific areas where it lacks relevant competencies.* | Yes  No |
| Did you do a preliminary internal gap analysis in order to evaluate your degree of compliance with the CNPD requirements for obtaining the accreditation to deliver the GDPR-CARPA certification?  *Note: Requirements are available on-demand by sending an email to accreditation@cnpd.lu* | Yes  No |
| If yes, based on this gap analysis, do you declare being eligible for the present application? | Yes  No |

# ORGANIzATION INFORMATION

## General Information

|  |  |
| --- | --- |
| Full organization name  *Please enter the name of the organization, stating legal entity and trading name if different* |  |
| RCS number |  |
| Audit firm registration number |  |
| Main address |  |
| Website |  |
| Telephone |  |
| Email address |  |
| Administrative language of the company | Luxembourgish  French  German  English |

## COntact person(s)

### Legal representative

|  |  |
| --- | --- |
| Full name |  |
| Position |  |
| Address  *(if different from above)* |  |
| Telephone |  |
| Email address |  |

### Contact person (if different from legal representative)

|  |  |
| --- | --- |
| Full name |  |
| Position |  |
| Address  *(if different from above)* |  |
| Telephone |  |
| Email address |  |

## Business Activity

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

|  |
| --- |
|  |

## Organization Structure

Is your organization part of a Group?

Yes  No

If yes, please enter the following information:

|  |  |
| --- | --- |
| Full name of the Group |  |
| Address |  |
| Organization’s relationship with the Group  *(e.g. parent, holding company etc.)* |  |

Does your organization have any subsidiaries?

Yes  No

If yes, please enter the following information:

|  |  |
| --- | --- |
| Full name(s) | Address(es) |
|  |  |
|  |  |
|  |  |

# STAFF INFORMATION

|  |  |
| --- | --- |
| Total number of employees in the organization |  |
| Number of employees directly dedicated to certification activities |  |
| Is the certification team fully dedicated to certification activities? | Yes  No |
| If no, in what kind of projects are members also involved and how much time (proportion) will be dedicated to certification activities? |  |

# OTHER INFORMATION

This information is useful to the CNPD for establishing your experience levels in dealing with accreditation type activities.

Please detail all other current approvals or certifications held by your organization

|  |  |
| --- | --- |
| Name & location of approval body | Outline of scope covered |
|  |  |
|  |  |
|  |  |

Please give details of any professional networks / associations and / or committees you are a member of that you consider may be relevant to this application.

|  |
| --- |
|  |

# DECLARATION

The organization encloses the following supporting documentation:

* Statutes of the organization
* General organization chart
* If applicable, group organization chart including subsidiaries if any
* Organization chart of the certification team

The organization declares that the information contained herein is both correct and accurate.

The organization declares that it is informed of the fees related to the accreditation procedure (see “règlement N°7/2020 du 3 avril 2020 fixant le montant et les modalités de paiement des redevances dans le cadre de ses pouvoirs d’autorisation et de consultation” available on the CNPD website).

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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