Commission Nationale pour la Protection des Données

Form intended for organizations that want to apply for accreditation from the CNPD for delivering certifications under the accreditation requirements adopted by the CNPD on 23 February 2024 (“Set Bêta”)



Application form for accreditation

# Preliminary Notes

This application form is intended for organizations who want to apply for the CNPD accreditation to become a certification body for certification schemes that do not require the use of the ISAE 3000 methodology (e.g. certifications schemes other than GDPR-CARPA).

The applicable accreditation requirements are the following: “Luxembourg accréditation requirements of certification bodies (art 43(1 )(a)) - Set Bêta”.

Once completed, the application form and the supporting documentation required (listed in section 7 below) need to be addressed to the CNPD and be sent electronically to [certification@cnpd.lu](mailto:certification@cnpd.lu).

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 all relevant files.

# Certification Scheme

|  |  |
| --- | --- |
| Name of the certification scheme for which you are applying to be a certification body |  |

# Main Requirements for Applying

|  |  |
| --- | --- |
| Did you do a preliminary internal gap analysis in order to evaluate your degree of compliance with the requirements for obtaining the relevant accreditation? | 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? | 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 |  |
| 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 complete 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_