

Remote Assessment Request Form

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| WLA member | |
| WLA-SCS certificate number | |
| WLA-SCS expiry date (yyyy-mm-dd) | |

Type of assessment

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|---|
| <input type="checkbox"/> Annual review |
| <input type="checkbox"/> Recertification |
| <input type="checkbox"/> Initial certification (remote audit to obtain the WLA-SCS certificate available only in cases of demonstrable urgency) |

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| Number of premises in the scope | |
| Addresses of premises in the scope | |
| Intended date/s of the assessment | |

Signatories confirm that:

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| <input type="checkbox"/> The Assessment Service Entity (ASE) has received a notice of validity for remote auditing from the WLA. |
| <input type="checkbox"/> The auditor has conducted at least one complete on-site assessment of the WLA member. |
| <input type="checkbox"/> The audit does not involve a scope extension, and there have been no significant changes in products, services, processes, buildings, or facilities since the last WLA-SCS assessment. |
| <input type="checkbox"/> All applicable legislation and regulations to guarantee confidentiality, security, and data protection have been taken into consideration and proper measures to ensure compliance are in place. |
| <input type="checkbox"/> Feasibility and risk analyses have been performed and are available for review upon request. |
| <input type="checkbox"/> Information and Communication Technology (ICT) is available and adequate to guarantee feasibility and efficacy of the processes. |
| <input type="checkbox"/> The parties involved have a sound knowledge of ICT to be used during the assessment. |

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| Assessment Service Entity | |
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| Auditor | |
| Date | Signature* |

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| WLA member's representative | |
| Date | Signature* |

* If you do not have digital signature, you can print, sign, scan and send the form.