Bulletproof is a GLI company and a registered trade name of GLI Europe B.V. References to Bulletproof, GLI and GLI Europe are interchangeable and have the same meaning.

PURPOSE

This document serves to detail the steps and requirements of a GLI ISO/IEC 27001:2013 Audit.

The detailed process follows the accreditation requirements of ISO/IEC 17021:2015.

All auditors and personnel involved in a MS Audit need to comply with these requirements.

ROLES

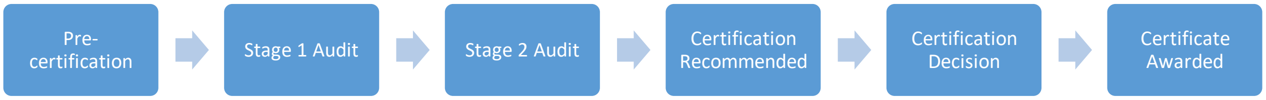
- Client Manager
- Audit Program Manager
- Auditor
- Audit Team Leader
- Certification Manager
- Certification Coordinator

GLI ASSESSMENT PROCESS

GLI will conduct a formal assessment in two phases: Stage1 and Stage 2 audits.

Once the applicant organization have been recommended for certification by GLI Audit Team Leader**,** the Certification Committee (chaired by the Certification Manager) will review their recommendation; if successful, the applicant organization will be awarded formal certificate, which is valid for three years. See Certification Committee Procedure.

An optional gap analysis, or pre-certification assessment can be conducted before Stage 1 to avoid pitfalls during the final audit stages.



INITIAL INQUIRY

GLI will respond to either verbal or written expressions of interest from organizations interested in one or more of our programs

GLI will also, on request and receipt of a Request for Quotation, prepare a proposal tailoring our services to the applicant organization’s needs.

APPLICATION FOR CERTIFICATION

Receipt of an organization’s Application form (or authorized acceptance of a valid GLI proposal), along with the accompanying payment of the non-refundable application fee, forms the contract between the applicant organization and GLI.

A Certification Coordinator will be appointed to send the application form to the customer. Upon receiving the filled application this will be reviewed by the Audit Program Manager who will make the decision for accepting or rejecting the application.

The Certification Coordinator is then responsible for communicating certification application decisions to the applicant organisation. In the case of a positive decision the Client Manager will prepare a proposal.

GLI will require completion of an official application form, signed by an authorized representative of the applicant organization.

It is the responsibility of the applicant organization to ensure that adequate and accurate information is shared with GLI about the details of the applicant organization.

The application form will be reviewed by the **Audit Program Manager, who will then:**

- determine audit team competence
- select the audit team members
- determine the audit time
- agree on dates with client representative
- provide audit team member names (and background information if requested) to client representative to be communicated with the client in sufficient time for the client to object to the appointment of any particular audit team member and for the certification body to reconstitute the team in response to any valid objection.

The audit team is formally appointed by the Audit Program Manager and provided with the appropriate working documents, such as for example information security risk assessment documents and statement of applicability. The mandate given to the audit team is be clearly defined and made known to the client.

AUDIT PROGRAM CONSIDERATIONS

The audit program for ISMS shall take into account all the determined information security controls.

When GLI Europe B.V. is taking account of certification already granted to the client and to audits performed by another certification body, it will obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity. GLI Europe B.V. will ensure the documentation obtained supports the fulfilling of the requirements in this part of ISO/IEC 17021. Furthermore, based on the documentation obtained, GLI Europe B.V. will justify and record any adjustments to the existing audit program and follow up the implementation of corrective actions concerning previous nonconformities. Also, where the client operates shifts, GLI Europe B.V. will take any activities that take place during shift working into account when developing the audit program and audit plans.

AUDIT TIME CALCULATION

Please refer to the “GLI Calculating Audit Time SOP” which explains the procedure for calculating the audit time for the audit program

GAP ANALYSIS

A Gap Analysis approach often proves an invaluable tool in determining system implementation, particularly for new systems that are still in the early stages of development. This one-off assessment includes the identification of gaps against the requirement of the nominated Standard or Code of Practice. At the conclusion of the Gap Analysis, the organization will receive a report which highlights any gaps as well as options for next steps on the path to certification. The results of a Gap Analysis are not directly linked to any subsequent Certification Audits.

GENERAL PRINCIPLES

a. All threats to impartiality are taken seriously at GLI, and all the following need to be avoided:
   - Auditing a function in an organization for which the auditor has provided consulting services within the past two years;
   - Auditing a function in an organization managed by someone with whom the auditor has a family relationship;
   - Auditing an organization that the auditor owns shares of or is a partial owner of.

b. Potential conflicts of interests need to be reported to GLI prior to the audit, or as soon as they are revealed. Failure to do so may result in the invalidity of the audit, termination of auditor status and even lawsuits.

c. All GLI auditors are expected to comply with the **GLI Ethics & Corporate Governance Program PC-LG-004**.

d. All GLI auditors need to sign the **GLI Confidentiality and non-disclosure declaration**, and submit it to the **Audit Program Manager**, at least 5-7 business days before each audit.

e. No review will be initiated without submitting all the mandatory documents as guided in this policy:
   - Confidentiality and Non-disclosure declaration
   - Audit report stage 1
   - Audit plan
   - Audit report stage 2
   - Audit Opening and Closing Meeting
   - Additional documentation (if asked by the **Audit Team Leader**)

f. Before the certification audit, the Audit Team Leader shall ask the client to report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information. The Audit Team Leader and the audit program manager will determine whether the ISMS can be adequately audited in the absence of such information. If the audit program manager concludes that it is not possible to adequately audit the ISMS without reviewing the identified confidential or sensitive information, he/she shall advise the client that the certification audit cannot take place until appropriate access arrangements are granted.

g. Information Security Management Systems that have not been operated through at least one management review and one internal audit (covering the scope of certification) shall not be certified.

h. When planning the audit, GLI agrees with the cliet the timing of the audit which best demonstrates the full scope of the organization, taking into consideration season, month, day/dates and shift as appropriate.

i. Upon request the following information is provided to any interested party by the Certification Coordinator;
   - geographical areas of operation of GLI;
   - the status of a given certification;
   - the name, related normative document, scope and geographical location (city and country) for a specific certified client

STAGE 1 AUDIT

In order to gain certification to a management system scheme, the applicant organization is required to have an initial audit followed by a certification audit. An initial audit determines the organization readiness for certification. The initial audit will be carried out by a GLI qualified assessor.

Neither an audit plan nor an opening meeting is required for a Stage 1 Audit. The **Audit Team Leader** may offer them to the organization

The **Audit Team Leader** needs to inform the auditee of any "on site" activities. Performing at least part of the stage 1 audit on the auditee's premises, may help achieve audit objectives.

Conducted as part of the Stage 1 Audit, GLI undertakes a review of the organization's system documentation, including policy manuals, procedures and other relevant supporting documentation.

This step gives the organization the opportunity to demonstrate that all documentation required by the relevant standard or code of practice has been prepared, is controlled where necessary, and is monitored and updated as required.

Stage 1 audit objectives include:

- review the client's management system documented information;
- evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for stage 2;
- review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
- obtain necessary information regarding the scope of the management system, including:
  - the client's site(s);
  - processes and equipment used;
  - levels of controls established (particularly in case of multisite clients);
  - applicable statutory and regulatory requirements;
- review the allocation of resources for stage 2 and agree the details of stage 2 with the client;
- provide a focus for planning stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document;
- evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.

A Stage 1 Audit Report **Stage 1 Audit Report** will be prepared by the **Auditor.**

Audit Team Leader reviews it and sends the report to the auditor if there are comments to be addressed.

The reviewed report will be delivered to the organization by the **Audit Team Leader** and it will outline:

- any perceived deficiencies in documentation, relevant to the Standard or Code of Practice, as well as any opportunities for improvement;
- the readiness for the Certification Audit. All nonconformities or findings from the initial audit must be satisfactorily addressed and validated by the **Audit Team Leader** before the auditee can be authorized to proceed to the certification audit (stage 2);

Consideration is given to the needs of the client to resolve areas of concern identified during stage 1 when determining the interval between the stage 1 and stage 2 audits. GLI Europe B.V. will also consider whether it needs to revise its arrangements for stage 2. Furthermore, the client is informed of the following:

- If any significant changes which would impact the management system occur, GLI Europe BV shall consider the need to repeat all or part of stage 1;
- the results of stage 1 may lead to postponement or cancellation of stage 2.

STAGE 2 AUDIT

The Stage 2 audit shall be conducted within 3 months of stage 1 audit. Any further delay shall require stage 1 audit to be carried out again.

The purpose of the Certification Audit (Stage 2) is to establish whether the organization’s management system has been implemented and complies with the relevant standard or code of practice by examining actual practices, documentation and records and comparing them against the organization’s policies and procedures. The audit process is, effectively, an undertaking to establish that the organization’s documented policies and practices are understood by your personnel and have been effectively implemented.

Audit teams will be led by appropriately qualified and experienced auditors and, where required, witness auditors, observers and/or technical specialists acting as advisers to the audit team may also be present. These specialists bring current specialized knowledge of the activities being audited to the audit team and ensure that the audit provides a relevant and practical review of aspects critical to the business. When specialists are used, care is taken to ensure that the organization’s commercial confidentiality is not jeopardized. The organization has the right to reject any specialist who is not acceptable to your organization, provided that an alternative may be substituted.

An Audit Plan will be prepared and submitted by the **Audit Team Leader** to the **Audit Program Manager**, 2 weeks before the audit begins.

The **Audit Program Manager** reviews it and sends the approved **Audit Plan** (or the approval notice via e-mail) to the **Audit Team Leader**.

The Audit Plan will be submitted by the Audit Team Leader to the client at least 5-7 business days before the audit commences so the client is informed about the scope that is going to be audited and the resources, he/she needs to organize to participate in the audit.

The stage 2 audit will include the auditing of at least the following:

- information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;
- performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
- the client’s management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;
- operational control of the client’s processes;
- internal auditing and management review;
- management responsibility for the client’s policies.

An opening meeting is compulsory, and needs to contain all of the following elements:

- Introduction of participants, including an outline of their roles;
- Confirmation of the certification's scope;
- Confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, and interim meetings between the audit team and the client's management;
- Confirmation of formal communication channels between the audit team and the client;
- Confirmation of the availability of resources and facilities necessary for the audit team;
- Confirmation of matters relating to confidentiality;
- Confirmation of relevant work safety, emergency and security procedures for the audit team;
- Confirmation of the presence, roles and identities of any guides and observers;
- The method of reporting, including any grading of audit findings;
- Information about the conditions under which the audit may be prematurely terminated;
- Confirmation that the audit team leader and audit team representing the certification body are responsible for the audit, and shall be in control of executing the audit plan, including audit activities and audit trails;
- Confirmation of the status of the previous audit findings, if applicable;
- Methods and procedures used to conduct the audit based on sampling;
- Confirmation of the language to be used during the audit;
- Confirmation that, during the audit, the client will be kept informed of audit progress and any concerns;
- Opportunity for the client to ask questions.

Stage 2 audits must be done onsite. However, off-site audits can be partially performed as well. This can be practical when, for instance, an organization has several sites located far apart from each other, and some of these sites are remote and contain noncritical processes. Assessing multi-site organizations is addressed via **Representative Site Sampling** which indicates the sites that shall be audited on site and the ones that can be audited remotely.

The audit team will periodically assess audit progress and exchange information during the audit. It will be the decision of the Audit Team Leader if work needs to be reassigned between team members and the Audit Team Leader will periodically communicate the progress of the audit and any concerns to the client.

The auditors will meet informally with the audit team leader at the end of each day and the auditors will make the audit team leader aware of any concerns. The team leader will then have an informal clarification dialogue with the client.

If serious concerns are raised or in case of immediate risks to personnel safety, the client will be informed in writing (and, if possible, to the certification body to determine appropriate action). If needed, a meeting will be held between the audit team leader and the client to address the concerns. This meeting may result in changes to the audit plan, changes to objectives, scope, or even termination.

The audit report needs to be submitted by the Audit Team to Audit Team Leader, within 24 hours after the Stage 2 audit.

The Audit Team Leader reviews the submitted audit documentation and keeps in touch with the Auditor in case additional efforts/reviews are necessary

It is the responsibility of the Audit Team Leader to make recommendations to the **Certification Manager** on the issuance of the certification.

All nonconformities or findings need to be validated by the Audit Team Leader and reported to the **Certification Manager** so a decision can be taken (see section related to managing findings).

A Draft Certificate is sent for validation to the **Audit Team Leader**. After receiving the validation of the draft certificate, The Certification Coordinator sends the congratulatory note altogether with the Certificate to the auditee and the hardcopy is shipped.

CERTIFICATION AUDIT REPORT

At the conclusion of the audit, the audit team will prepare a written report on the audit findings and the audit team leader will present these findings to the organization's senior management at the exit meeting.

The audit findings include a summary of the overall compliance of the organization management system with the requirements of the relevant standard(s) or codes of practice. The final report may be subsequently provided after completion of the Audit.

The audit report will include the following information;

- An executive summary of the overall findings (conclusions) on the effectiveness of your system in meeting the requirements of the standard
- Ratings of the non-conformances against each KPI and each standard
- Suggestions for continual improvement
- Positive finding areas
- Times allocated for the activity, number and type of interviews conducted with consumers

Non-conformities will be discussed with the organization's team during the auditor's visit and outlined at the exit meeting. Non-Conformities are categorized as Major, Minor and Observations.

It is the auditee's responsibility to respond to the non-conformities detailed in your audit report by the designated time frame. Failure to do so may result in suspension or cancellation of your certification.

NON-CONFORMITIES

All non-conformances must be closed prior to the awarding of certification to the organization.

Specific audit findings are categorized as follows and are applicable during the certification and verification audit activities:

Major Non-Conformances

Major Non-conformances are audit findings that reveal that the integrity of the Management System has been compromised and must be rectified before certification is granted.

Starting from the closing meeting the auditee has **30** days to **apply the corrections and communicate** these to the auditor.

After the 30 days have passed, a follow up audit should happen **within the next 60 days**.

The follow up audit should include the locations where the non-conformities were found.

Minor Non-Conformances

Minor Non-conformances are audit findings that reveal an isolated incident of non-compliance that has no direct impact on the integrity of the product. Agreed proposed corrective action plans (CAPs) (detailing correction, cause identification and long-term fix) must be documented by the auditee in an action plan and be sent for review to the auditor **within 30 days.**

If the actions are deemed to be satisfactory, they will be followed up during the next scheduled surveillance audit.

Observations

These are comments, which may include praise, opportunities for improvement, or comments that may be relevant for the next audit. Actions do not necessarily have to be taken for observations however, it is recommended that these have been considered as part of the organization continuous improvement process.

FOLLOW UP AUDIT

Follow up audits may be required to verify that Major non-conformities have been effectively remedied before the certification decision can be made.

CERTIFICATION DECISION

After confirmation that any necessary corrective actions have been taken, which may involve a follow up visit by the GLI Audit Team, the findings and recommendations made in the audit report are subject to an internal review process prior to certification being granted.

The Certification Committee performs a technical review of Audit reports where a new or change to existing Certification is requested by the client. This review is performed to verify that the audit was planned and executed in accordance with GLI policies and procedures which are designed to ensure compliance with the requirements for accreditation. Also, the committee performs technical review with regard to surveillance audit, special audits for scope extension, re certification audits etc. to verify compliance to procedural requirements.

The Certification Committee Chairman (the Certification Manager or in his absence the Managing Director) is responsible on decisions related to, granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification.

All decisions (certification suspension, revocation, cancellation, restoration etc) will be communicated to the customer by the Certification Coordinator.

Certificates

When the auditee organization has achieved certification, GLI will provide a Certificate as a statement that the organization has achieved certification to the relevant standard(s). The certificate will include important data such as the organization’s certification number, the standard for which certification has been granted, and the date of certification. The certificate should be displayed where it will be seen by customers and potential customers.

When copies or elements of the certificate are used in tenders or offered to potential or existing customers, the certificate should be accompanied by the scope of certification document (if issued separately) as it is important for them to understand the scope of activities for which certification has been granted (see ‘scope’ below).

Incorrect use of the certificate can result in a customer being misled as to the extent of the organization's certification. Clients are obliged to ensure that GLI has been formally notified of the latest address, ownership, changes to key management responsibilities, major management system changes and capability information so that the certificate maintains its currency. Failure to do so may compromise your organization's certification status.

All original certificates remain the property of GLI Europe B.V. and must be returned on request.

Scope of Certification

The scope of certification fully details the scope of the auditee organization's certification in terms of:

- Names and addresses of all locations covered by the certification;
- Achievement of certification to the relevant standard(s) or code(s) of practice
- The capability statement (range of products, services, and activities) for each location covered by the certification and
- Any specific exclusions from the scope of certification

Clients are obliged to ensure that GLI has been formally briefed in a timely manner when any variations occur. Clients should not wait until the next scheduled assessment to notify GLI. Failure to do so may compromise the organization's certification status.

REFUSAL OF CERTIFICATION/RECOGNITION

In the event that the audited organization is unable to comply with the requirements of the relevant standard, GLI may refuse to grant certification. The decision to refuse certification, and the grounds for that decision, will be communicated to the audited organization in writing.

SURVEILLANCE AUDITS

GLI is required to conduct an assessment of the applicant organization at a minimum of 12 monthly intervals. Assessments may be conducted more frequently at 4, 6- or 9-month intervals.

The first surveillance audit may not be delayed beyond ten (10) months from the certification audit.

An Audit Plan will be prepared and submitted by the **Audit Team Leader** to the **Audit Program Manager**, 2 weeks before the audit begins.

The **Audit Program Manager** reviews it and sends the approved **Audit Plan** (or the approval notice via e-mail) to the **Audit Team Leader**.

The Audit Plan will be submitted by the Audit Team Leader to the client at least 5-7 business days before the audit commences so the client is informed about the scope that is going to be audited and the resources, he/she needs to organize to participate in the audit.

An opening meeting is compulsory for surveillance audits.

The audit report needs to be submitted by the Auditor(s) to the Audit Team Leader, within 24 hours after the Surveillance Audit.

The Audit Team Leader reviews the submitted audit documentation and keeps in touch with the Auditor(s) in case additional efforts/reviews are necessary

It is the responsibility of the Audit Team Leader to make recommendations to the **Certification Manager** on the issuance of the certification.

All nonconformities or findings need to be validated by the Audit Team Leader and reported to the **Certification Manager** so a decision can be taken (see section related to managing findings).

RECERTIFICATION AUDITS

The recertification cycle for ISO/IEC 27001:2013 programs is three (3) yearly. The recertification audit must be conducted within three (3) years of the initial certification or last recertification. If not completed and processed within the required time frame, the certification is no longer valid.

The recertification audit must take place three (3) months prior to the expiry date.

An Audit Plan will be prepared and submitted by the **Audit Team Leader** to the **Audit Program Manager**, 2 weeks before the audit begins.

The **Audit Program Manager** reviews it and sends the approved **Audit Plan** (or the approval notice via e-mail) to the **Audit Team Leader**.

The Audit Plan will be submitted by the Audit Team Leader to the client at least 5-7 business days before the audit commences so the client is informed about the scope that is going to be audited and the resources, he/she needs to organize to participate in the audit.

An opening meeting is compulsory for recertification audits.

The audit report needs to be submitted by the Auditor(s) to the Audit Team Leader, within 24 hours after the Surveillance Audit.

The Audit Team Leader reviews the submitted audit documentation and keeps in touch with the Auditor(s) in case additional efforts/reviews are necessary

It is the responsibility of the Audit Team Leader to make recommendations to the **Certification Manager** on the issuance of the certification.

All nonconformities or findings need to be validated by the Audit Team Leader and reported to the **Certification Manager** so a decision can be taken (see section related to managing findings).

A Draft Certificate is sent for validation to the **Audit Team Leader**. After receiving the validation of the draft certificate, The Certification Coordinator sends the congratulatory note altogether with the Certificate to the auditee and the hardcopy is shipped.

Where the activity cannot be completed before certificate expiry, the client shall be considered as a “fresh case” and man-days for stage 1, stage 2 and surveillance audits shall be given. Also, if the surveillances are not done as per schedule, the client shall be considered as a fresh case.

MANAGING FINDINGS

If no findings were discovered during the audit, the auditee may be certified by GLI shortly after the audit without any additional procedures required from the auditee.

If any findings were discovered, the Annex A – Non-conformity Report of the Audit Report will need to be filled out by the auditor and auditee. The auditor will need to evaluate the adequacy of the proposed corrective actions.

If the corrective actions are deemed to be adequate, the auditor will approve these corrective actions and issue clearance in the respective ‘Non-conformity Report’ and submit it to the Audit Team Leader, including dates for validation of the corrective actions

If the corrective actions are deemed to be inadequate, the auditor will reject these corrective actions and require the auditee to propose other corrective actions. This will need to be performed until all findings have had corrective actions validated by the auditor.

If, during the audit, only non-critical findings are revealed, the auditor may recommend certification once adequate corrective actions have been approved for each finding.

If, during the audit, critical findings are discovered, the auditor cannot recommend certification. The auditee will have to go through a specific process to validate that all critical findings have been adequately resolved before the auditor is able to recommend certification.

SUSPENSION OR REFUSAL OF CERTIFICATION

This instruction covers suspension procedures through withdrawal or cancellation of the certification certificate and revision of the register of approved firms.

- Grounds for action are brought to the attention of the Certification Manager, who reviews the information and decides whether to proceed. Either way, the Certification Manager issues a letter to the client advising them of the details of the grounds for action and the decision on whether to proceed.
- If the Certification Manager decides to proceed, the client must reply to GLI within fourteen days of receipt of letter.
- If the Certification Manager determines that the action or position contained in the client reply is satisfactory, he issues a letter stating this.
- If actions are required, due dates must be set and Certification Manager must review the actions at those times to ensure that they are effectively completed in order to prevent suspension or cancellation.
- If the client does not reply in fourteen days, if the reply is not satisfactory, or if the actions required are not effectively completed in the allowed time, the Certification Manager determines whether to suspend or cancel certification.
- If the decision is made to cancel certification, the Certification Manager is responsible for suspending the client or canceling the client from the Register of Approved Firms, advising the client by registered mail / courier, and publicizing the cancellation, if necessary. Under suspension, the client’s management system certification is temporarily invalid.

The following reasons are considered grounds for suspension or cancellation:

- Major non-conformance(s) or effective corrective action not implemented within a specified time period.
- Improper use of the certificate, symbol or logo not remedied to the satisfaction of GLI
- Client’s certified management system has persistently failed to meet any of the requirements for certification including requirements for the effectiveness of the management system.
- Client fails to meet financial obligations to GLI.
- Client makes a formal request to withdraw certification.
- Infringement by the client of any contractual conditions between the client and GLI.
- Client is unable or unwilling to ensure conformance to revisions of standards.
- Existence of a serious complaint, or a large number of second- or third-party complaints, which indicate that the management system is not being maintained.
- Client does not allow routine surveillance to be conducted at the required frequency

The suspension or cancellation can be initiated if the client does not allow the routine surveillance to be conducted at the required frequency. The routine surveillance is carried out not more than 12 months from the last audit. In case the audit is not done within 12 months (13 months in case of yearly surveillance), the certificate is suspended, and a letter is sent to the client requesting him to agree for the audit. In case of a delay up to 3 months (15 months from the last audit), the audit time shall be extended by 50% of the routine surveillance time (at least 1 day). Successful completion of the audit within 15 months shall not impact the certification.

In case the audit is not done within 15 months, the certificate is cancelled, and the client shall be considered as a fresh case for certification.

The above are for special conditions like strike, natural calamities, business operations (case to case basis) etc.

When an organization's certification is suspended or refused, the organization shall, for the period of suspension or refusal:

- Withdraw and cease to use any advertising or promotional material that promotes or advertises the fact that the organization is certified,
- Ensure that all copies of certificates and scopes of certification are removed from areas of public display and
- Cease to use the certification mark on stationery and other documents including media and packaging that are circulated to existing and potential clients, or in the public domain.

The organization shall advise GLI in writing of action taken with respect to the requirements listed above;

- GLI shall advise the organization in writing of the certification processes that will need to be completed to restore certification;

CANCELLATION OF CERTIFICATE

When an organization's certification is withdrawn, the organization shall immediately:

- Cease any advertising and promotional activities that promote the fact that the organization holds certification
- Withdraw and cease to use any advertising and promotional material that promotes the fact that the organization holds certification
- Cease to use relevant certification marks in any way to promote the fact that the organization holds certification and
- Return all certificates

CONDITIONS FOR SUSPENSION/ CANCELLATION/ RESTORATION OF CLIENT CERTIFICATION

Subject to actions by the client, the following steps will be taken leading to possible suspension or cancellation of the client's certification:

- Unless a reply is received to the letter accompanying notification within 14 days, certification will be suspended, and a notification of suspension may be published at the discretion of GLI
- The client's response to the accompanying letter will be reviewed and the proceedings may be put on hold while clarification is sought.

- Where mutually agreed-upon corrective action is to be implemented, a time period for implementation will be specified and a review of the corrective action undertaken at the appointed time. This may be the subject of a special surveillance visit or of review of submitted objective evidence, at the discretion of GLI. Should the corrective action not be considered adequate or not be completed by the appointed time, certification will be automatically suspended.
- In the case of serious circumstances, GLI may invoke suspension during the period pending the implementation of corrective action.
- Where suspension has been invoked, unless otherwise specified, the client must advise GLI every 14 days of the current situation of corrective action. Failure to meet this requirement will result in cancellation of the client's certification.
- Where suspension has been invoked due to failure to conduct surveillance audit, the client shall give justification for failure and offer suitable date. An additional day shall be added to routine surveillance days. The date shall not be later than 15 months from last audit. Failure to offer for audit within 15 months shall result in cancellation of certification.
- When corrective action to resolve the problem(s) taken by the client has been verified, certification will be resumed. The period of certification will not be revised to cover the period of suspension.
- Cancellation of certification will be invoked where, following suspension of certification, the client fails to respond to GLI communications within the 14-day grace period or fails to implement corrective action within the appointed time period.
- In extreme circumstances GLI may invoke the cancellation of certification with immediate effect without recourse to initial certification suspension.
- Cancellation of certification will require the client to assume the status of non-approval and return all certification documentation to GLI
- Use of certification documents, symbols, or logos by the client following certification cancellation may result in legal action being taken against the client.
- Re-approval after certification cancellation will be on the same basis, and follow the same process, as that of initial application for a new client. This will require a full assessment, with optional document review at the discretion of GLI
- The de-certification will be published as a separate list and will be available at the GLI office and made available upon request.
- The client has the right to appeal any decisions of GLI and a copy of the appeals procedures will be made available upon request.
- The Certification Coordinator shall remove the companies from the internal records where the certificate has been cancelled. During suspension, suspension remark shall be placed in the registered of approved firms.
- The client files for all cancelled cases shall be archived for a period of 3 months and then destroyed.

VARIATIONS TO CERTIFICATION

The certified organization is required to advise GLI if there are any significant changes to the organization or the product.

Variations to certification may originate from:

- Variations to the scope of certified product
- Major nonconformities
- Voluntary withdrawals
- Withdrawal of certification by BSI Group
- Change of certification scope

- Change of ownership
- Change of management
- Change of company name

GLI will determine if the degree of change is significant to require an additional assessment or if the changes can be assessed at the next schedule audit or if the product requires re-assessment.

REDUCTION IN SCOPE OF CERTIFICATION

When an organization's scope of certification is reduced, GLI shall issue revised certificates and scopes of certification as appropriate and the certified organization shall:

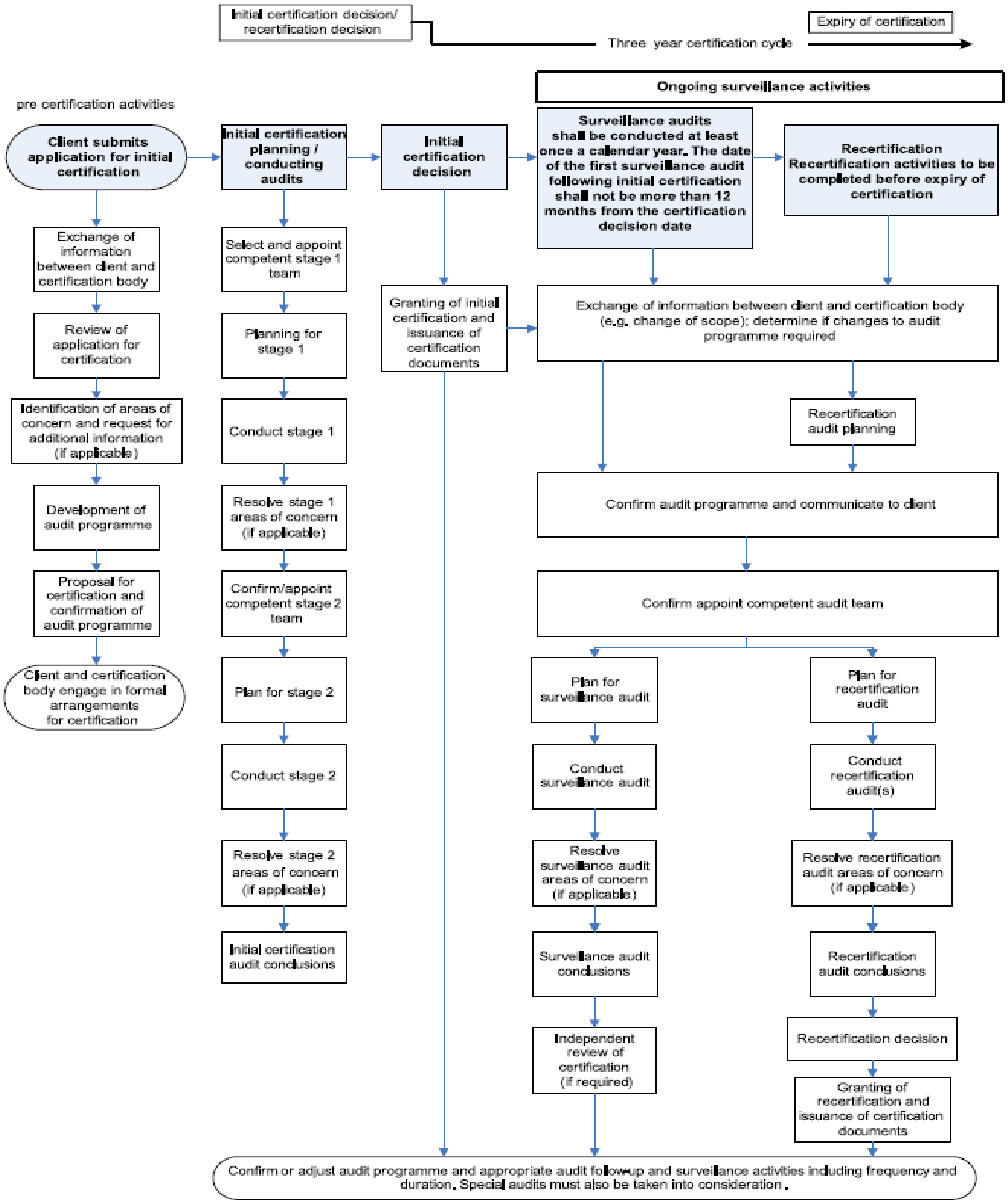
- Return all superseded certificates
- Ensure that use of the certification mark is adjusted to reflect the reduced scope of certification
- Ensure that all advertising and promotional activities and materials are adjusted to reflect the reduced scope of certification and
- Pay any fees that are applicable for the facilitation of this activity

GLI Europe B.V. reduce the client's scope of certification to exclude the parts not meeting the requirements, when the client has persistently or seriously failed to meet the requirements of the standard used for certification. At the client's request or following recommendations by the auditor, the scope of certification may be reduced to reflect the change of circumstances or activities. Any such reduction shall be in line with the requirements of the standard used for certification.

USE OF THE GLI CERTIFICATION MARK

You are entitled to use the appropriate GLI 'kitemark' whilst you maintain certification to the ISO/IEC 27001:2013 program with GLI. For a copy of the logo, visit our website at www.gaminglabs.com
Use of the logo is subject to Condition and rules of its application.

Typical process flow for audit and certification process


Initial certification decision/ recertification decision
Three year certification cycle
Expiry of certification
Ongoing surveillance activities
pre certification activities
Client submits application for initial certification
Exchange of information between client and certification body
Review of application for certification
Identification of areas of concern and request for additional information (if applicable)
Development of audit programme
Proposal for certification and confirmation of audit programme
Client and certification body engage in formal arrangements for certification
Initial certification planning / conducting audits
Select and appoint competent stage 1 team
Planning for stage 1
Conduct stage 1
Resolve stage 1 areas of concern (if applicable)
Confirm/appoint competent stage 2 team
Plan for stage 2
Conduct stage 2
Resolve stage 2 areas of concern (if applicable)
Initial certification audit conclusions
Initial certification decision
Granting of initial certification and issuance of certification documents
Surveillance audits shall be conducted at least once a calendar year. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date
Recertification Recertification activities to be completed before expiry of certification
Exchange of information between client and certification body (e.g. change of scope); determine if changes to audit programme required
Recertification audit planning
Confirm audit programme and communicate to client
Confirm appoint competent audit team
Plan for surveillance audit
Conduct surveillance audit
Resolve surveillance audit areas of concern (if applicable)
Surveillance audit conclusions
Independent review of certification (if required)
Plan for recertification audit
Conduct recertification audit(s)
Resolve recertification audit areas of concern (if applicable)
Recertification audit conclusions
Recertification decision
Granting of recertification and issuance of certification documents
Confirm or adjust audit programme and appropriate audit follow-up and surveillance activities including frequency and duration. Special audits must also be taken into consideration.

REVISION HISTORY

All version history, to date, is in hidden text. To view the version history in its entirety, please select Ctrl + Shift + *.