CONFIDENTIAL

WLA-SCS Declaration of Assessment Form
Notification of pending assessment

1. WLA member

WLA member	
Address	
Contact person	
Email address	
Phone number	

2. WLA-SCS and ISO/IEC 27001 certificates

WLA-SCS certificate number	
WLA-SCS expiry date	
ISO/IEC 27001 certificate number*	
ISO/IEC 27001 expiry date	
ISO/IEC 27001 certifying body	

* For WLA-SCS Level 1 assessments please leave this area blank.

3. ASE and auditor information

ASE	

Address	

Auditor	
Email address	
Telephone number/s	

4. WLA-SCS assessment notification

Type of assessment:	☐ Initial certification	☐ Annual review	☐ Recertification
Type of certificate requested:	☐ WLA-SCS Level 1	☐ WLA-SCS Level 2 (requires ISO/IEC 27001)	
Standard used:	☐ WLA-SCS:2020	☐ WLA-SCS:2024	

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

The assessment foresees a physical visit to all the premises:	☐ Yes	☐ No

If the assessment does not foresee a physical visit to all premises, please state the reason.

List all the premises and the respective addresses that will be visited physically during the assessment.

5. Additional notes and communications

6. Signatures

Auditor			
Date		Signature	

WLA member			
Date		Signature	

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