

	Doc.Ref.No.	Application Form for Organic Certification		Page 1 of 3
	10.05.27			Form

(Please use separate sheets if more space is needed to complete required information. Make as attachment and include Reference number and Section title e.g. 2.2 Crop Production)

1.0	Company Information					
1.1	Company Name:					
1.2	Legal Status:		Registration No:			
1.3	Responsible Person:		Position:			
1.4	Company Address:					
1.5	Telephone No:		Fax No:		Mobile no:	
1.6	E-mail:		Website:			
2.0	Type of Operation to be Certified					
2.1	Crop Production	<input type="checkbox"/>	Food Processing	<input type="checkbox"/>	Trading/Distribution	<input type="checkbox"/>
	Animal Husbandry	<input type="checkbox"/>	Agricultural Input	<input type="checkbox"/>	Smallholder Group	<input type="checkbox"/>
	Aquaculture	<input type="checkbox"/>	Special Products	<input type="checkbox"/>	Wild Collection	<input type="checkbox"/>
2.2	Applicable to Crop Production					
	Number of Farms:		Total Farm Hectarage:			
	Location(s) of farm: (indicate province & municipalities)					
	Crops to be certified	Hectarage Planted	Approximate Volume of Harvest per year			
	On Farm Processing:	<input type="checkbox"/> No <input type="checkbox"/> Yes _____no. of units	Type of Processing:			
			Final Product (s):			
2.3	Applicable to Animal Husbandry					
	Type of Animal(s) to be certified: (please specify)	<input type="checkbox"/> Poultry _____ <input type="checkbox"/> Small Ruminants _____ <input type="checkbox"/> Large Ruminants _____				
	Location(s) of farm/units: (indicate province & municipalities)					
	Type/Breed	Number of Heads	Form of Product Sold	Approximate Volume of Product per year		



2.4	Applicable to Aquaculture					
	Type of culture and units to be certified:		<input type="checkbox"/> Inland _____		<input type="checkbox"/> Fish Pen/ cage _____	
	Location(s) of units: (indicate province & municipalities)					
	Type/ Breed	Population		Approximate Volume of Product per year		
2.5	Applicable to Food Processing					
	Type of Processing:		Number of Units:			
	Location(s) of units: (indicate province & municipalities)					
	Raw Material Ingredients		Final Product		Annual Capacity	
2.6	Applicable to Organic Agricultural Input					
	Type of input to be certified:		No. of Units:			
	Location(s) of units: (indicate province & municipalities)					
	Raw Materials Used	Final Product	Active Substance	%	Production Process	Annual Capacity
2.7	Applicable to Special Products					
	Type of Product to be certified:		<input type="checkbox"/> Mushroom <input type="checkbox"/> Honey <input type="checkbox"/> Herbs <input type="checkbox"/> Others _____			
	No. of Production Units		No. of processing units (inc. packaging)			
	Location(s) of units (indicate province & municipalities)					
	Approximate Total Yield (per year)					
	Additional for Beekeeping:		Total number of beekeepers: _____ Number of Apiaries: _____ Number of Colonies: _____			
2.8	Applicable to Trading/Distribution					
	Activities:		<input type="checkbox"/> Storage <input type="checkbox"/> Repacking <input type="checkbox"/> Labeling <input type="checkbox"/> Selling <input type="checkbox"/> Distribution			
	Location(s) of units (indicate					

	province & municipalities)			
	Organic Products Handled:			
	Origin of Products Handled:			
2.9	Applicable to Smallholder Group			
	Number of Members:	Total Hectarage:	Average land size per member:	
	Date of installation of Internal Control System			
	Location(s) of Member's farms (indicate province & municipalities)			
	Crops to be certified	Hectarage Planted	Approximate quantity of harvest per year	
2.10	Applicable to Wild Collection			
	Collection site:	<input type="checkbox"/> Forest Area <input type="checkbox"/> Farmland <input type="checkbox"/> Community land <input type="checkbox"/> Others _____	Total approximate collection area (km ²):	
	No. of collectors:	No. of local wholesalers	No. of processing units (e.g. grinding, drying):	
	Location(s) of units (indicate province & municipalities)			
	Products to be certified	Collected Part (flower, leaves, etc)	Approximate Volume of Harvest per year	
3.0	Additional Information			
3.1	Use of consultancy relating to organic management system		<input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____	
3.2	Previous certification by another certifier		<input type="checkbox"/> No <input type="checkbox"/> Yes Specify _____	
3.3	Copy of the standard is available	Hardcopy: <input type="checkbox"/> Access through internet: <input type="checkbox"/> No copy: <input type="checkbox"/>		

Confirmation: The Company confirms that all information provided above are true and correct and agrees to provide additional information needed to evaluate the products/operations for certification

Signature over Printed Name

Date and Place