Please complete this form in as much detail as possible and return to the FOODCHAIN ID INDIA office address given on the last page.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Details | | | | | | | | | |
| Organization Name |  | | | | | | | | |
| Organization PAN No / GST No  (Attached a scan copy) |  | | | | | | | | |
| Type of organization | Proprietor  Partnership  Limited  Cooperative  Other: | | | | | | | | |
| Contact Name |  | | | | | | | | |
| Contact Position |  | | | | | | | | |
| Office/Legal Address |  | | | | | | | | |
| Country |  | | | | Post code: | |  | | |
| Postal Address, if different |  | | | | | | | | |
| Telephone |  | Fax: |  | | | | | Mobile |  |
| Email |  | | | Website: | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Certification Information | | | | |
| Addition | | | Change | Withdrawal |
| Standard | NPOP (India)  Other (Specify): ………………………… | | | |
| How long your unit under organic management | Beginning  Since Last One Year  More Than One Year | | | |
| Manufacturing unit information | | | | |
| Name and address of the manufacturing unit | |  | | |
| License number & validity | |  | | |
| Installed Per day Capacity  (MT/Day) | |  | | |
| Activities involved | |  | | |
| Products handled in the unit  (Attach separate list if number of products are more)  (Also submit List of Inputs Along With MSDS, Input Disclosure Form, Labels and Batch Details) | | 1.  2.  3.  4.  5. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Certification Information (If any) | | | |
| Is your organization currently approved? | Yes | No | If yes, to what Standard(s):  Current certification body:  Tracenet Registration number: |
| Reason for changing certification body: |  | | |
| Has your organization ever been declined or refused approval? | Yes | No | If yes, please give details: |

|  |
| --- |
| Confirmation: |
| This is to confirm that the information that are filled in the questionnaire is complete and accurate to the best of my knowledge. The applicant agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified.  Name & Signature of Legal representative  Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Kindly Submit the Following Documents Along With Application | Y/N/NA | Remarks By Reviewer |
|  | Legal Docs (Company Registration/Trade License/License related to input manufacturing etc.) |  |  |
|  | Organic System Plan (OSP) |  |  |
|  | Details Facility Map |  |  |
|  | Process flow charts |  |  |
|  | Ingredient Disclosure Form |  |  |
|  | List of raw material, its suppliers and valid NPOP certificates |  |  |
|  | PAN card of the company |  |  |
|  | Aadhar card of contact person |  |  |
|  | NOC related documents, If Applicable (NOC, Valid certificate, Previous report etc) |  |  |

Please attach following documents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To be completed by CB: | | | | | |
| Assessment of application | | | | | |
| Certification Application Form Review No/Project Number.: FCID/ORG/ | | | | | |
| Application received date: | | | | | |
| Is the information in application form sufficient to make an offer (e.g. filled in completely, signature present and signed by the company requesting certification)? | | YES | NO | Remarks: | |
| Is it possible for FCID to inspect and approve the project (e.g. sufficient inspection and expert inspector capacity, product within scope)? | | YES | NO | Remarks: | |
| Approval: | Yes: | | | | No: |
| Name & Signature technical reviewer: | | | | | |
| Date: | | | | | |

Send original hard copy of application form to below address:

To ,

FOODCHAIN ID INDIA (CERT ID INDIA PVT LTD) (hereinafter referred as FCID)

801, Chandak Chambers, Near Western Express Highway Metro Station,

Chakala, Andheri-East, Mumbai 400 069, INDIA.