Please fill the form completely and return to the CERT ID INDIA PRIVATE LIMITED office address given on the last page of this document.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Details | | | | | | | | | |
| Organization/ Operator 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 | | | | |
| Standard | NPOP (India)  Other (Specify)………………………… | | | |
| Scope |  | | | |
| How long your farm under organic management | Beginning  Since Last One Year  More Than One Year | | | |
| Products (for trader) |  | | | |
| Storage & Capacity of Unit (MT) |  | | | |
| Certification Information | | | | |
| New / Initial | | | Changes in Certification | Withdrawal |
| Standard | | | NPOP (India)  Other (Specify): ………………………… | |
| How long your unit under organic management | | | Beginning  Since Last One Year  More Than One Year | |
| Trading unit information | | | | |
| Name and address of the unit | |  | | |
| FSSAI license number / IEC Code | |  | | |
| Per day Capacity  (as per FSSAI license) | |  | | |
| Activities involved | |  | | |
| Products traded in the unit  (Attach separate list if number of products are more) | | 1.  2. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Certification Information (If any) | | | |
| Is your organization currently certified? | 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 certification? | Yes | No | If yes, please give details: |

(Note: Attach NOC Letter (copy of NOC from TraceNet), Scope Certificate from previous CB, Last report received from the previous certified CB)

Please complete the Application Package as mentioned below:

1. ID-ORG-FF-20F Organic System Plan -Trader
2. ID-ORG-FF-52 Product List
3. ID-ORG-FF-22 NON-GMO Declaration Form

|  |
| --- |
| 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: |

Please attach following documents:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Kindly Submit the Following Documents along with Application** | **Y/N/NA** | **Remarks By Reviewer** |
|  | Legal Docs (Company Registration/Trade License/FSSAI License/Import-Export License etc)  Evidence for complying statutory and regulatory requirements (national/state) relevant to your industrial classification (food safety and standards act, tea board act, coffee act, spices board act, drugs & cosmetics act. |  |  |
|  | Organic System Plan (OSP) |  |  |
|  | Unit Layout |  |  |
|  | Process flow charts |  |  |
|  | Product List with NPOP certificates of Suppliers |  |  |
|  | GMO Declaration (applicable for GMO risk products like Cotton, Soybean, Maize, Brinjal) |  |  |
|  | PAN card of the company |  |  |
|  | Aadhar card of contact person |  |  |
|  | NOC related documents, If Applicable (NOC, Valid certificate, Previous report etc) |  |  |

To Be Completed By CB:

Risk Assessment by Technical Reviewer:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Risk Criteria** | **Risk Assessment** | | |
| **High** | **Medium** | **Low** |
| 1 | High risk products (e.g., soyabean, sesame, cotton, sugarcane, fennel, cumin, tea etc.) |  |  |  |
| 2 | Sourcing of organic products |  |  |  |
| 3 | Parallel trading |  |  |  |
| 4 | Product handling / Re-packing |  |  |  |
| 5 | Storage of products: separation, special conditions |  |  |  |
| 6 | Packaging material |  |  |  |
| 7 | Labelling |  |  |  |
| 8 | Cleaning methods and cleaning agents, Cleaning Frequency |  |  |  |
| 9 | Personal hygiene |  |  |  |
| 10 | Pest management |  |  |  |
| 11 | Own or Rented; Existing methods to ensure cleaning of transport vehicles/containers |  |  |  |
| 12 | Transport of organic and non-organic products together? |  |  |  |
| 13 | Recordkeeping system |  |  |  |
| 14 | Traceability system |  |  |  |
| 15 | Previous Observations/ Non-conformities if any |  |  |  |
|  | Total Risk |  |  |  |
|  | Total Sum of Risk Score |  | | |

\* Ranking to be given for risk category: high-3; medium-2; low-1.

If the total risk factor is 17 or less - Low risk project; 18 to 22 - Medium risk project; and more than 22 - High risk project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To be completed by CB: | | | | | |
| Assessment of application | | | | | |
| Certification Application Form Review No/Project No..: ID-ORG-TRD- | | | | | |
| 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 CERT ID to inspect and certify 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 copy of application form to below address:

To ,

CERT ID INDIA PRIVATE LIMITED (hereinafter referred as CERT ID)

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

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