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| **1** | **Name of Company** |  | **Tracenet ID (if available)** |
| **2** | **Legal Status of the Organization** | ❑Sole proprietorship ❑ Partnership ❑ Limited Liability Company ❑ Corporation ❑ Non-profit organization ❑others Mention: | |
| **3** | **Company Registered Address** | **State:** **District:**  **Country:** **Pin code:** | |
| **4** | **Company Corresponding Address** | **State:** **District:**  **Country:** **Pin code:** | |
| **5** | **Factory Address with GPS coordinates** | **State:** **District:**  **Country:** **Pin code:**  **Latitude:       Longitude:** | |
| **6** | **GST Number** |  | |
| **7** | **Factory / Legal License No** |  | |
| **8** | **Pan Card** |  | |
| **9** | **Legal Person Name:**  **Email ID –**  **Contact Number:** | | |
| **10** | **Responsible Person Name**: **Email ID:**  **Contact Number:** | | |
| **11** | **Project Location (How far from the nearest railway station and Bus station** |  | |
| **12. Approval required under standards:**  ❑NPOP ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **13. Certification History:**  **13.1**. This is your first application for organic certification: ❑ YES ❑ NO  If No, please provide the following details.   * Name of Previous Certification Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * You have ever denied for certification earlier: ❑YES ❑ No ❑ Not Applicable.   If yes give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **14. List of the product to be Approved:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **S. No.** | **Product Name** | **Status of Products (Single / multi-ingredient)** | **Processing Step** | **Estimation (MT)** | **Supplier name / Scope Certificate No.** | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | 10 |  |  |  |  |  |   If insufficient use separate sheet. | | | |

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| **15. Details of Processing Unit:**  **15.1 Is conventional activity carried out in the unit (Processing of conventional products/parallel production):**  ❑ YES ❑ No  **15.2 If YES then give the details how you maintain the integrity of organic products:** | | | | | | | | | | | |
| **16- Unit Description**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Unit Name** | **Processing/ Handling** | **Unit Address** | **Factory License** | **Capacity of unit per day.** | **Additional Certification** | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Remarks:** | | | | | | | | | | | |
| **17. Cleaning:** | | | | | | | | | | | |
| **Mode of cleaning** | | **Cleaning Agent Used** | | | | | **Frequency of cleaning** | | | **Remark** | |
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| **17. Provide details of the packing material:** | | | | | | | | | | | |
| **17.1 Provide details of the Size of packing and type of packaging (Manual or automatic used?** | | | | | | | | | | | |
| **18. Storage** | | | | | | | |  | | | |
| **Sr. No.** | **Address of storage unit** | | **Type of storage. Own/ subcontracted** | | **Capacity of storage (MT)** | **Is organic and conventional material stored in the same place?** | | **If yes, type of separation measure** | | | **Frequency and type of cleaning measures** |
| **1** |  | |  | |  |  | |  | | |  |
| **2** |  | |  | |  |  | |  | | |  |
| **3** |  | |  | |  |  | |  | | |  |
| **4** |  | |  | |  |  | |  | | |  |
| **19. Pest Control Measures for Factory premises and Storage places:** | | | | | | | | | | | |
| **Type of pest** | | | | **Control Measure** | | | | | **Frequency of Operation** | | |
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| **20. Transportation.** | | | | | | | | | | | |
| **20.1 Is organic raw material or finished product transported in a separate and dedicated vehicle?**  ❑YES ❑ No | | | | | | | | | | | |
| **20.2 Are the vehicles cleaned prior to loading of organic material?**  ❑YES ❑ No | | | | | | | | | | | |
| **20.3 Can the lots be identified during transportation?**  ❑YES ❑ No  **What is the identification means?** | | | | | | | | | | | |
| **20.4. Define traceability and stock reconciliation System:** | | | | | | | | | | | |
| **20.5. Do every lot is accompanied with transportation document? (Bill, LR, Invoice, Label)**  ❑YES ❑ No | | | | | | | | | | | |

**21. Product Ingredient Description**

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| **Filled by Operator-**  **Product Name:** | | | | | **For Office use only** |
| **Sr. No.** | **Name of ingredients** | **Percentage** | **Source** | **Origin** | **Permitted as per standards. NPOP** |
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Use Separate sheet if it is not enough.

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| **Filled By Operator- Additive/ Processing Aid & Flavoring Agents** | | | | | | | **For Office use only** |
| **Sr. No.** | **Name of Additives/processing aid & flavoring agent** | **%** | **Function** | **Use as AD/PA/FA** | **Source** | **Origin** | **Permitted as per standards NPOP** |
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**NOTE –**

1. Specify synthetic or natural Origin:
2. For Microbial product indicate specific strain.
3. Use separate sheet for each product.
4. Specify function i.e., preservative, emulsifier, thickener etc.
5. Key: AD- Additives, PA- Processing Aid, FA- Flavoring agent

**22. Required Documents:**

* Aadhaar Card
* PAN Card
* Passport size photo
* Unit/Firm Registration document or Record of Rights, Tenancy and Crops (RTC)
* Valid Mobile No. of the License and Responsible person
* Valid Email Id
* FSSAI Licence, Factory/ Legal licence
* Process Flow Chart
* Product Flow Chat
* Product details
* Factory Map
* Filled Vender List
* Weighing scale calibration

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| **23. Declaration of the Operator:**  I do hereby affirm that all information provided to Imperial Bio Solutions Pvt. Ltd. (IBSPL) is true and accurate. I affirm my commitment to meet the respective Organic Standards as indicated in section 1. If the organic production rules are violated, I agree to be sanctioned according to the IBSPL Scale of Sanctions. If major changes in the organic operations occur, I will inform IBSPL immediately. I agree not to release any products resulting from these changes until the certification body has notified me accordingly.  I agree to keep a record of complaints about my organic activities, take appropriate action with respect to such complaints and document the action taken.  **Name of Client :**  **Position In the Organisation : --------------------------------**  **Date and Place : Seal & Signature of Client** |
| **24. This part filled by Imperial Bio Solutions Pvt. Ltd. (IBSPL):**  Review of the application and reviewer’s remarks   1. The certification requirements have been defined clearly: Yes ❑ No ❑ 2. Any differences between applicant and IBSPL about certification. procedure have been cleared: Yes ❑ No❑ 3. IBSPL can perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes ❑ No ❑ 4. Date of the Application :   **Application review Remarks :**  **Name of the Documents file Reviewer**  **…………………….**  **Date and place : Signature and seal of reviewer** |