AF01 - Application form for products certification

Global Certification and Monitoring Services (GCMS) guarantees that all the information provided in this Application Form will be treated as strictly confidential and will not be disclosed to any third parties without the prior written confirmation from the Applicant.

Legal entity information

Legal entity name *

Legal form *

Registration code *

VAT code

Registration country *

Contact details

Phone number *

Email address *

Website

Registered office address

Street, house, office No. *

City *

Country *

Post code *

Residental address (if different)

Street, house, office No.

City

Country

```
|                                                    |
```

Post code
```
|                                                    |
```

Production site address (if different)

Street, house, office No.
```
|                                                    |
```

City
```
|                                                    |
```

Country
```
|                                                    |
```

Post code
```
|                                                    |
```

Did your company has one producer or group of producers*

```
| |
```
One producer

```
| |
```
Group of producers

If it's a group of producers, please specify the total number of producers in the corporate:
```
|                                                    |
```

Other production site address (if you have multi-site production/More than one producer)

Street, house, office No.
```
|                                                    |
```

City
```
|                                                    |
```

Country
```
|                                                    |
```

Post code
```
|                                                    |
```

Contact person (The representative of the producers' group, in case of more than one)

First name
```
|                                                    |
```

Last name
```
|                                                    |
```

Position
```
|                                                    |
```

Phone number
```
|                                                    |
```

Email address
```
|                                                    |
```

Information on human and technical resources

Total number of employees *

[   ]

Number of employees involved in production *

[   ]

Number of production shifts *

[   ]

Number of employees in every shift *

[   ]

Production facilities and technological resources

General space *

[   ]

Space of the production area *

[   ]

Number of equipments used for the production*

[   ]

Number of transportation means used in the production-site*

[   ]

Raw materials' warehouse space *

[   ]

Ready products' warehouse area *

[   ]

Do you have internal laboratory at your site for product testing*

[ ]
Yes

[ ]
No

Available certificates (management systems, quality, etc.)

[   ]
[   ]

Product certification standard/scheme (One or all standards can be chosen) *

[ ]

Global G.A.P Core Solutions: Integrated Farm Assurance SMART - Principles and Criteria for Fruit and Vegetables

[ ]

Organic
Regulation (EU) 2018/848 + Regulation (EU) 2020/464 + Regulation (EU) 2021/1165

[ ]

HALAL
OIC/SMIIC-1:2019: General Requirements for Halal Food

What type of certification service your company is applying for?*

[ ]

Initial certification

☐

Certificate renewal

☐

Extension of certification scope

☐

Surveillance (In case of transfer from another CB)

Consultancy services

Did your company previously receive any consultancy services for this same scheme *

☐

Yes

☐

No

If yes, please specify the name of the organisation or person who provided the consultancy services:

_____

List of products to be certified (Scope of certification)

Product name, type and describtion*

Information on products to be certified

Are the products listed above, are the only one produced in your site?

☐

Yes

☐

No

If No, please specify the type of other products produced without certification.

_____

Is it the first time your products will be certified according to this scheme *

☐

Yes

☐

No

Export countries *

_____

Information about subcontractors

Will part of the production be subcontracted? *

☐

Yes

☐

No

If yes, please specify which processes will be subcontracted

_____

Address of the subcontracted activity

Name of the subcontractor-contact person

Phone number of the subcontractor-contact person

Email address of the subcontractor-contact person

Did the subcontractor is already certified according to the scheme you are applying for *

☐
Yes

☐
No

We hereby confirm that the information provided above in this application form, are correct. Any changes occuring to our company's information or its products or its processes, will be directly communicated to *Global Certification and Monitoring Services*.

☐
I agree *

We hereby confirm that our company is not applying to another notfied certification body at the same time.

☐
I agree *