## **Application Form for Rainforest Audit Services**

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| --- |
| **How to fill in the form:** |
| *If you see a grey field after the title or text, such as this one****,*** *please click with the mouse on this grey field and write you r text there- it will be written in the right font*. *In tables use the empty lines and add additional table lines if necessary (table/add/lines). In the selection-boxes, simply click on your selection and an “X” will appear.*  ***NB:* *Please fill out all the blank areas in the form. Complete this form in print, typed or in any other electronic format and send it to*** [***applications@africertlimited.co.ke***](mailto:applications@africertlimited.co.ke) ***and*** [***info@africertlimited.co.ke***](mailto:info@africertlimited.co.ke) ***Incomplete forms will be returned to the sender for proper filling.*** |

1. **GENERAL INFORMATION ON THE ORGANIZATION SEEKING CERTIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal name of the organization seeking certification | |  | | Legal registration N° |  |
| Legal mailing address | | Email  Website | | | |
| Postal Address | | P.O box       Fax  Postal Code       Telephone | | | |
| KRA PIN No:  ***Mandatory for Kenyan companies*** | |  | | | |
| Certificate delivery address | | Will the certificate (if applicable) be sent to the address above?  Yes  No  If not, please indicate the address to which certificate should be dispatched: | | | |
| **Type of Organization** | | | | | |
| **Farm** | | | **Group** | | |
| **Multisite**  Number of sites ……….. | | | **Number of members ……..** | | |
| **Contact person for certification** | | | | | |
| Name |  | | | | |
| Position |  | | | | |
| Phone number |  | | | | |
| Email (For online link) |  | | | | |
| Postal Address |  | | | | |
| **Financial Contact Person** | | | | | |
| Name |  | | | | |
| Position |  | | | | |
| Phone number |  | | | | |
| Email (For online link) |  | | | | |
| Postal Address |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Audit level applied for | Level C | Level B | Level A |
| Type of audit requested (select one): | Certification audit | Surveillance 1 | surveillance 2 |
| Any Other (Specify)  Preferred audit date (Specify Month) | | |

1. **LOCATION INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Town or city |  | Municipality |  | District |  |
| County |  | Province, State, or Department |  | Country |  |
| Physical address | Please provide the street address and directions to the group administrator office. | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specify the types of infrastructure on farm and fill in the quantity in each case:** | | | | | | | | | | |
| Facility | | | Quantity | Facility | | Quantity | Facility | Quantity |
| Offices | | |  | Laboratory | |  | Employee dining area |  |
| Processing areas /factories | | |  | Health centre | |  | Housing divisions |  |
| Workshops | | |  | Plant nursery | |  | Fertilizer airstrip |  |
| Agrochemical store | | |  | Boilers | |  | Irrigation system |  |
| Diesel/gasoline store | | |  | Warehouses | |  | Pumping station/ hydro-electric |  |
| Fertilizer store | | |  | Schools | |  | Rivers |  |
| Dry mill(s) | | |  | Waste treatment | |  | Dams |  |
| **For processing area(s) please give the following information:** | | | | | | | | |
|  | | Name of processing facility: | | | Location: | | | |
| 1. | |  | | |  | | | |
| 2. | |  | | |  | | | |
| 3. | |  | | |  | | | |
| 4. | |  | | |  | | | |
|  | |  | | |  | | | |
| For estates and Multisites, please list the estates and their locations: | | | | | | | | |
| 1. | | Name of estate | | | Location and distance from central office: | | | |
| 2. | |  | | |  | | | |
| 3. | |  | | |  | | | |
| 4. | |  | | |  | | | |
| 5. | |  | | |  | | | |
| 6. | |  | | |  | | | |
| **For dry mill (s) please give the following information:** | | | | | | | | |
|  | Name of dry mill | | | | Location: | | | |
| 1. |  | | | |  | | | |

| Approved in representation of: | Name of organization seeking certification |
| --- | --- |
| Date: | Indicate date |
| Full name of the client representative authorized to sign this Statement: | Indicate name |
| Client representative’s signature and Company stamp. |  |

**FOR AFRICERT’S USE ONLY:**

| Application reviewed and approved by: | Name of CB personnel |
| --- | --- |
| Date of final review and approval: | Indicate date |