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

|  |
| --- |
| **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*** ***and*** ***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 [ ]  NoIf 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       |