## **Application Form for 4C Code of Conduct Certification 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 your 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 audit | |  | | | | Legal registration N° | |  |
| Legal mailing address | | Email  Website | | | | | | |
| Postal Address | | P.O box       Fax  Postal Code       Telephone | | | | | | |
| Preferred name of the 4C unit to be used on the audit report and mentioned in the certificate | | |  | | Registration Number of 4C unit | |  | |
| Managing entity Name | |  | | | | | | |
| **Contact person for audit** | | | | **Owner or legal representative signing legal agreements** | | | | |
| Name |  | | | Name | |  | | |
| Position |  | | | Position | |  | | |
| Telephone |  | | | Telephone | |  | | |
| Postal Address |  | | | Postal Address | |  | | |
| Email |  | | | Email | |  | | |
| **Responsible person for 4C communication** | | | |  | | | | |
| Name |  | | |  | |  | | |
| Position |  | | |  | |  | | |
| Telephone |  | | |  | |  | | |
| Postal Address |  | | |  | |  | | |
| Email |  | | |  | |  | | |

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| --- | --- | --- | --- |
| How many business partners belong to the 4C unit, ***in total***? | | | Number |
| How many business partners are new to the 4C unit(where applicable) | | | Number |
| How many business partners are existing | | | Number |
| Total number of producers within the 4C unit: | | | Number |
| How many producers are new to the 4C unit (where applicable) | | | Number |
| How many producers are existing | | | Number |
| Total number of hectares (production area) | | | Number |
| Total hectares for existing producers | | | Number |
| Total hectares for new business partners(where applicable) | | | Number |
| How many of these producers have more than one farm as per the business partner mapping. | | | Number |
| In case the 4C unit composed of large farms (estates), kindly list all estates as in the Business partner Mapping. | | | Number |
| **Please add rows if necessary:** | | | |
|  | **Name of estate** | **Location** | |
| 1. |  |  | |
| 2. |  |  | |
| 3. |  |  | |
| 4. |  |  | |
| 5. |  |  | |
| 6. |  |  | |

|  |  |  |  |  |  |
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| Type of Audit requested (select one): | Initial | Renewal of certificate | Addendum 1 | | |
| Addendum 2 | Follow up |  | | |
| Any Other (Specify)  Preferred audit date (Specify Month) | | | | |
| If the organization has been audited previously, have there been any changes since the last audit that affect the certification scope (i.e., changes in land area, or business partners number )? | | Yes (please specify): | | | No |
| Is the 4C unit audited on any other Certification Scheme? | | | | Yes | No |
| If YES, please check all current valid certifications or verifications: | UTZ Certified | Organic | | Global Gap | |
| Fairtrade | Rainforest Alliance | | Other (specify): | |

1. **4C Unit LOCATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | |
| **Location coordinates:** coordinates must be taken at a point within the unit where verification is requested. Please provide latitude and longitude coordinates in decimal degrees with five decimal places. | | | | | | | | | | |
| Latitude in decimal degrees: |  | | Longitude in decimal degrees : | |  | | Altitude (meters): | | |  |
| Location of the reading: | | | Describe where this coordinate was recorded (e.g. main road through member farms) | | | | | | | |

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| **Land holdings of group member farms:** Please indicate the number of member farms within the certificate scope that fall into each of the following farm size categories. This information should be based on the registry of group members. This to align with Business partner Mapping | | |
|  | Less than 1 hectare-5 hectares | Number of group members |
|  | More than 5 hectares | Number of group members |

1. **LABOR**

Please answer the following questions by indicating the sum total of workers employed, including:

1. Workers on all group member farms employing at least five individuals each. This includes employees involved in planting, tending, and harvesting crops; crop processing; and farm administration and management.
2. Workers employed by the group administrator as managers or office workers, trainers or technical staff, factory or processing workers, or similar occupations.

Please include all workers that were employed at any time during the past 12 months, including seasonal workers.

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| --- | --- | --- | --- |
| Summary of full-time, year-round workers: | Total Number of full-time year-round workers: | Existing:  New: |  |
| Summary of seasonal or temporary workers | Total Number of temporary workers: | Existing:  New |  |

1. **STATEMENT AND SIGNATURES**

| * I attest that the information provided in this application is accurate and complete, to the best of my knowledge. * I have read and understood the current versions of the 4C Code of Conduct and 4C Verification Regulations * I have read and understood, and I am committed to comply with the audit requirements. * I will provide all necessary information to auditors in order to audit 4C unit, the member farms and all facilities and activities within the verification scope. * I will keep a record of all claims presented to my organization in relation to product compliance with the relevant standards and will make these records available to Certification Body. I shall take adequate actions in regard to such claims as well as to any deficiency of products or services which may affect compliance with audit requirements. I shall document actions taken. * I will make audit claims only in relation to the audit scope. * Upon suspension or cancellation of certificate, I will discontinue use of all public affairs that contain any reference to audit, and return all audit documents that [Certification Body/ audit Company] may request. * I will use audit only to indicate that verified products are in conformity with 4C code of Conduct and audit regulations. * I will make an effort to guarantee that neither the certificate nor the report, nor any parts of these, are employed in a misleading manner. * I will comply with [Certification Body/Audit Company]’s and 4C Services requirements when mentioning product licensing in media such as documents, brochures or publicity. * I acknowledge, without limitation, the decision of [Certification Body/Audit company] regarding processing of this application. | |
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| **Disclosure of information:**  The auditors have signed confidentiality agreement and conflict of interest declaration with AfriCert Limited, copies maintained at AfriCert office.  With the consent of the certification body, a client’s general information can be availed in the CB’s website.  Avail information publically? Yes No | |
| **Note:** 4C unit/Managing Entity applying for certification must have access to the applicable 4C audit documents at **www.4c-services.org** | |
| Approved in representation of: | Name of organization seeking Certification |
| Date: | Indicate date |
| Full name of the 4C unit representative authorized to sign this Statement: | Indicate name |
| 4C unit 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 |