## **Application Form for Organic Crop production and Processing Certification** UnderEU Regulation 2018/848

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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 please use simply the empty lines and add additional table lines if necessary (table/add/lines). In the selection-boxes, simply click or on your selection and an “X” will appear.**Complete this form in print, typed or any other electronic format and send it to applications@africertlimited.co.ke and info@africertlimited.co.ke*  |

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| --- | --- | --- |
| **1** | **Name of the operator / Farmer group / company applying for certification:** |       |
| **2** | **Address:** |
| Farm/Facility Location:       P.O. Box:       |
| GPS Reading | Longitude:deg       min      sec     Direction      | Latitude: deg      min       sec     Direction       |
| Postal Code:       | City:       |
| Email:       | Country:       |
| Phone:       | Fax:       | Mobile:       |
| KRA PIN No :      ***Mandatory for Kenyan companies*** |
| **3** | Legal status (Ownership of farm/facility)       | Registration number of company:       |
| Name and address of Holding company\*:      \* If the applying company is a part of a holding company |
| Operator Country code:       |
| Countries where the products are intended to be traded:       |
| **4** | **Certification Contact Person Name:** |       |
| **Relationship to operator/ Grower group: (Title.)**  |       |
| Phone :  |       |
| Email Address:  |       |
| **Financial Contact Person Name:** |       |
| Title:  |       |
| Phone :  |       |
| Email Address:  |       |
| **5** | **Scope applied for**:(Tick the standard) | ☐ Organic EU Regulations (Crop production) ☐ Organic EU Regulations (Processing)  |
| **6.** | Type of Service: Pre-inspection ☐ Certification Audit ☐ Others ☐ Specify       |
| **7** | Previous certification with another certification body for Organic covering the same product and activities in the same country for the operator or group of operators? No: ☐Yes: (Provide previous Certificate no.)              (Name of Certification Body)       Previous registration with Africert Limited? No: ☐Yes: ☐ (Provide previous Certificate No.)  Previous withdrawal or suspension by the CB; Yes ☐  No☐If yes, input reason and year if suspension/withdrawal  |
| **8** | **Crops To Be Certified And Field/Plot Size And Location** (for farmer group skip No. 8 go to 9) |
| Crop(common & scientific name) | Source of planting material | Non-covered crops first harvest Plot/Field size (ha) | Covered cropsfirst harvest Plot/Field size (ha) | Harvest subcontracted |
|       |  |       |       | **☐** |
|       |  |       |       | ☐ |
|       |  |       |       | ☐ |
|       |  |       |       | ☐ |
|       |  |       |       | ☐ |
|  | **Crops not to be certified (Parallel production)** |
| Crop(common & scientific name) | Source of planting material | Non-covered crops first harvest Plot/Field size (ha) | Covered cropsfirst harvest Plot/Field size (ha) | Harvest subcontracted |
|       |  |       |       | **☐** |
|       |  |       |       | ☐ |
|       |  |       |       | ☐ |
|       |  |       |       | ☐ |
|       |  |       |       | ☐ |
| **9** | **For crops listed above/ in the farmer register, indicate dates when harvest started, whether harvest is ongoing and when harvest will end for all certification options.** |
| ***Crop*** | ***harvest start date******dd-mm-yyyy*** | ***Harvest on-going? (yes/no)*** |  ***Harvest likely to end? (date)******dd-mm-yyyy*** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **If Harvesting is subcontracted give details of the subcontractor(s)**      |
| **10** | Do you purchase produce / own other farm units which are not Organic certified **(Parallel ownership)**No ☐Yes ☐If yes the units which are supplying or owned by you registered in this form will be inspected against the applicable requirements as required by the EU regulations for traceability & segregation.If yes provide names of the farm units

|  |  |  |  |
| --- | --- | --- | --- |
| Producer/Farm | Size | Crop | Location |
|       |  |       |       |
|       |  |       |       |

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| **11** | **Inputs: Please indicate the following;**1. List of crop protection products used. (Convectional and home-made preparations).

     1. List of fertilizers/soil conditioners/nutrients used (Convectional and home-made preparations).

      |
| **12** | **Produce processing/ handling/storage** |
|  | List processed products to be certified

|  |  |
| --- | --- |
| **Product**  | **Raw materials** |
|       |       |
|       |       |
|       |       |

* Briefly describe the activities involved in processing

      ***List processing aids/ingredients/food additives used***

|  |  |  |
| --- | --- | --- |
| **Ingredient /processing aid/additive**  | **Organic status** | **Authorization available(for non-organic, if applicable)** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

***List the produce handling/processing site(s)***

|  |  |  |
| --- | --- | --- |
|  ☐ in field ☐ off farm facility | Location | Certification status |
|       |       |       |
|       |       |       |
|       |       |       |

 |
|  | Do you handle, pack or store products for other operation which are not certified? Yes ☐ Producer numbers      No☐ |
| **13** | **Packaging, labelling and Storage / Warehousing** |
|  | Describe packaging materials usedDo you use Organic EU logo on product label? Yes ☐ No ☐ N/A ☐*(Please attach copy of label used on packaged product to this application)****List the produce storage/warehousing site(s)***

|  |  |  |
| --- | --- | --- |
|  ☐ Within facility ☐ Off facility | Location | Certification status |
|       |       |       |
|       |       |       |
|       |       |       |

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| **14** | **Subcontracted activities** |
|  | Please list all the engaged subcontractors and specify all the sub contracted activities which are carried out as part of the production, handling/ processing/storage operations for the Organic product in the table below.

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| --- | --- | --- | --- |
| **Company/Person name**  | **Contact details**  | **Activity** | **Certification status** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Additionally, written agreements by the subcontractors listed above shall be availed to be inspected on site and their holding will be subject to the control regime. |
| **15** | **For Grower group Please fill in the attached Grower groups schedule/ list of the growers to be certified as** **Per the attached table.****For Leased production sites (or other) activity (or attach register)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of farmer** | **Location**  | **Size** | **Crop** |
|       |       |       |       |
|       |       |       |       |
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| **16** | **Disclosure of information:**For information on disclosure, please refer to this application & Certification Agreement and the website, [www.africertlimited.co.ke](http://www.africertlimited.co.ke/)**Please Choose the different data release levels below:**By ticking the levels below and by signing this document I agree that *AfriCert* will treat information as described below.☐ The Company name, Current Operator Name, certificate code number and physical address , registration number , the certified products and quantity, The certification status, the registered sub -contractors, numbers of grower groups members , city, and the destination markets. Shall be available to the public from the CB website.☐ Publication of all data (e.g. contact details, quantities, completed checklists) to be on the public website ☐ Information shall only be released upon request with my approval |
| **17** | **Note:** Operators applying for certification must have access to the applicable standards (this can be downloaded free of charge from <http://africertlimited.co.ke/certification-standards/>Or obtained from the information pack from AfriCert Ltd (delivery and printing cost charged to the client). |

Date:

Name (Authorised Signatory):       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company stamp:

**FOR AFRICERT’S USE ONLY:**

| Application reviewed and approved by: |       |
| --- | --- |
| Date of final review and approval: |       |