## Application Form for SPRING Certification

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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](mailto:applications@africertlimited.co.ke) and [info@africertlimited.co.ke](mailto:info@africertlimited.co.ke)* |

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| **1** | **Name of the operator / Farmer group / company applying for certification****:** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **2** | **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Farm Location: | | | | | | | | P.O. Box: | | | | | | | | | | | | | | | | | | |
| GPS Reading | | Longitude in decimals of (2+5) digital format e.g.10.12345 | | | | | | Latitude in decimals of (2+5) digital format e.g.10.12345 | | | | | | | | | | | | | | | | | | |
| For Multisites | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of site | | Crop name | | | Water source | | | Acreage in hactares | | | | | | Water used per crop per site annually in M3 | | | | Latitude | | | | Longitude | | | | Postal address,code and location/city |
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| Postal Code: | | | | | | | | City: | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | Country: | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | Fax: | | | | | | | | | | | | | Mobile: | | | | | | | | |
| KRA PIN No :       Tax numbers for other countries:  ***Mandatory for Kenyan companies*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | Legal status (Ownership of farm) | | | | | | | | | | | | Registration number of company: | | | | | | | | | | | | | | |
| Name and address of Holding company\*:  \* If the applying company is a part of a holding company | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Countries where the products are intended to be traded: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **4** | **Certification Contact Person Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Phone : | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Financial Contact Person Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Phone : | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **5** | **Scope applied for**:  (Tick the standard) | | | | | ☐ SPRING option I Version 2.0 September 2023  ☐ SPRING option I Version 2.0 September 2023 multisite without QMS  ☐ SPRING option I Version 2.0 September 2023 multisite with QMS  ☐ SPRING option II Version 2.0 September 2023 | | | | | | | | | | | | | | | | | | | | | |
| **6.** | Type of Service: Pre-inspection ☐ Certification Audit ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.** | Has a self-assessment for option I or internal inspections for all producers under option II been done?  Yes ☐ No ☐  ***Please note that in case the self-assessment or internal inspection is not completed, the audit will be called off until these are done.*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8** | Previous registration with another certification body for GLOBALG.A.P.? No: ☐  Yes: ☐ (Provide previous **GGN**)       (Provide previous Certificate no.)  (Name of Certification Body)  Previous registration with Africert Limited? No: ☐  Yes: ☐ (Provide previous **GGN**)       (Provide previous Certificate no.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | **Crops To Be Certified And Field/Plot Size And Location** (for farmer group skip No. 9 go to 10) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crop  (common & scientific name) | | | Non-covered crops first harvest Plot/Field size (ha) | | | Non-covered crops further harvest Plot/Field size (ha) | | | | | | | Covered crops first harvest Plot/Field size (ha) | | | Covered crops further harvest Plot/Field size (ha) | | | | | | | | | Harvest exclusion  (refer to 9 below) | |
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| **10** | **For crops listed above or in the farmer register, indicate dates when harvest started, whether harvest is ongoing and when harvest will end for all certification options.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Crop*** | | | ***Date when harvest started***  ***dd-mm-yyyy*** | | | | | ***Is harvest on-going? (yes/no)*** | | | | | | | | | ***When is harvest likely to end? (indicate date)***  ***dd-mm-yyyy*** | | | | | | | | | |
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| **11** | **Harvest Exclusion** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NB. Harvest exclusion is subject to conditions set by GLOBALG.A.P. plant rules part 2.2.** The producer must apply for exclusion per product with detailed justification. The CB will give an approval of exclusion on case-by-case basis **before** the registration is approved**.**  **Check the boxes in the table above (section 9) for any product requiring harvest exclusion.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** | Produce handling Unit sites | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N.B. produce handling is a mandatory part of the inspection where the following post harvest activities are carried out: “sorting, packing, storage and transport ex farm, chemical treatments, trimming, washing or any other handling where the product may have physical contact with other materials or substances”. A temporarily or permanent collection/dispatch station and the ex-farm transport from farm/field to these units should be considered as produce handling | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site | Infield | | | Facility | | Crop name | | | | | Volume of water used annually per crop | | | | Postal address,code location/city | | | | Latitude | | | | | Longitude | | |
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|  | If Produce Handling is done off-farm and by the same legal entity, fill below | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Site Name | Crop name | | | Volume of water used annually per crop | | | Postal address,code and location/city | | | | | | | | Latitude | | | | | Longitude | | | | | | |
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|  | **If there is produce handling:**  Do you pack or handle products for other GLOBALG.A.P. certified producers  Producers No:  Yes:  If yes provide GGN (GLOBALG.A.P. Client Numbers) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Producer** | | | | | | | | | | | | | | | **GGN** | | | | | | | | | | | |
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| **13** | Crop name | | Total water used per year in M3 | | | | | | | | | | | | | Acreage in hactares per crop | | | | | | | | | | | |
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| **14** | **Parallel ownership** (purchase of SPRING assessed and non-assessed products of the same species, from different source other than the SPRING assessed producer/producer members who are IFA certified):  **I apply for parallel ownership:  Yes  No**  If **yes**, please indicate the name and the address of each production unit for which certification is not requested. This applies for producer group members only. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of producer | | Postal address,code and location/city | | | | Latitude | | | | Longitude | | | | | Crop name | | | | | | Acreage in hactares | | | | | |
|  | |  | | | |  | | | |  | | | | |  | | | | | |  | | | | | |
| **15** | **Disclosure of information:**  For information on disclosure, please refer to the Sublicense & Certification Agreement (V5.0) part 8 attached and IFA Smart Version 6.  **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.  ☐ **Level 1** (Minimum and obligatory level for all sub-scopes)  a. The Company name, Current GGN and GLN (if available),Sub GLN’s (if available), Previous GGN, registration no., scheme, version, option, CB, products and status, produce handling/processing declaration, number of producers (in Option 2), city, country of production and destination are available **to the public**. The Company address is Optional.  ☐ GLOBALG.A.P., the certification body and trustee, which the producer or producer group is working with, can use all data in the GLOBALG.A.P. database for internal processes and sanctioning procedures.  ☐ **Level 2** In addition to Level 1, the producer or producer group‘s organization name, city and postal code are available to the public.  ☐ **Level 3** - Publication of all data (e.g. contact details, quantities, completed checklists) to public.  NB: The client shall accept the basic level release at level 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16** | **Note:** Operators applying for certification must have access to the applicable standards (this can be downloaded free of charge from [www.globalgap.org](http://www.globalgap.org)  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:**

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