

IND-EXPO CERTIFICATION LIMITED

Application Form for Organic Product Certification



Ind-Expo Certification Ltd,
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FOR OFFICE USE ONLY

DATE RECEIVED	
REFERENCE NUMBER	
NEW CERTIFICATION	
RE-CERTIFICATION	
REVIEWING OFFICER	

In order to help us estimate the cost of inspection and certification, please supply the following information, by indicating as many details as possible and omitting items that do not apply.

1	Company Name and legal form of the company:	
	VAT number/ BR number:	
	PO Box or No.:	Postal Code:
	Street and No:	City:
	Country:	Phone:
	General Manager or another responsible person Name and Designation:	
	Fax:	Mobile:
	Contact person for certification:	Designation:
	Contact person's Email:	Mobile:

2	Type of Operation to be Certified (<i>more than one can be ticked</i>):		
	<input type="checkbox"/> Farm (Crop Production)	<input type="checkbox"/>	<input type="checkbox"/> Farmer Group
	<input type="checkbox"/> Food Processing	<input type="checkbox"/>	<input type="checkbox"/> Wild Collection
	<input type="checkbox"/> Farm (Livestock)	<input type="checkbox"/>	<input type="checkbox"/> Beekeeping
	<input type="checkbox"/> Mushroom Production	<input type="checkbox"/>	<input type="checkbox"/> Trade / Export
	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

2.1	Crop Production:					
	Number of (N ^o) farms:	Total hectares:	Total Number of Employees:			
	Location of farm(s) (<i>please provide detailed address and/or GPS coordinates</i>):					
	Distance from unit(s) to address indicated under (1) above (km):					
	Any Organic and Inorganic parallel production or split production carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If Yes, briefly describe how the production process carried out:					
	Type of Crop (s) in Production: (<i>please attach a list if not enough space</i>)					
	Crop	Hectares	N^o Employee(s)	Crop	Hectares	N^o Employee(s)

2.2	Food and Beverage Processing:				
	Type of processing:	Total number of units:			
	Location of processing unit(s) (<i>please provide detailed address and/or GPS coordinates</i>):				
	Distance from unit(s) to address indicated under (1) above (km):				
	Any Organic and Inorganic parallel production or Split production carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>				

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Application Form for Organic Product Certification



If Yes, briefly describe how the process carried out:				
If any shift works available, No. of shifts with time:				
Types of Food & Beverage Product(s) and Total number of employees in each processing unit(s): <i>(please attach a list if not enough space)</i>				
Type(s) of Raw Material	Type(s) of the Processing	Product(s)	Number of	
			Processing Unit(s)	Employees in each unit(s)

2.3	Wild collection:			
	Name of collection area:			
	Total N° of pickers:	Total size of area:		(km ²)
	Location of wild collection area <i>(please provide detailed address and/or GPS coordinates)</i> :			
	Distance from collection area to address indicated under (1) above:	N° of buying centers:		
	(km)			
	Wild collected species / Product(s): <i>(please attach a list if not enough space)</i>			
	Spices / Product (s)	Area	N° of pickers	Size of the Area

2.4	Livestock:			
	Number of farms:	Total N° hectares:		
	Feeding method: Inner Farm / Outer Farm <i>(streak off)</i>	Total N° Employee(s):		
	Location of farm(s) <i>(please provide detailed address and/or GPS coordinates)</i> :			
	Distance from farm(s) to address indicated under (1) above (km):			
	Type of Animals	Number of Animals	Number of (N°)	
			Hectors	Employee(s)

2.5	Beekeeping:			
	Location of colonies:	N° beekeepers:		
	N° of apiaries:	N° of colonies:		
	N° of postharvest units:	Migration:	Yes	No
	Location of apiaries <i>(please provide detailed address and/or GPS coordinates)</i> :			
	Location of migratory site for apiaries <i>(please provide detailed address and/or GPS coordinates)</i> :			
	Distance from apiaries to address indicated under (1) above:			(km)

2.6	Mushroom Production:			
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Application Form for Organic Product Certification



Type of Mushroom:	N° Production House/s:
Location of the Production House/s:	N° Employees in Production House/s:
Raw Material Use for Production:	N° Postharvest Units:
Are the raw materials are out sourced? Yes No	N° Employees in Postharvest Units:
<i>If Yes, please mentioned the details in sub-contractors below table (3)</i>	

2.7 Trade / Export:	
Trader stores, packs or labels	Trader only handles paper works

3 Are sub-contractors involved at any stage?	Yes	No
If Yes, Number of sub-contractors involved , all the units described under 2.1 through 2.6 belong to the company indicated in Section (1) above: The following (sub)contractors (not belonging to your company) are involved :		
Entity	Activity	Location (please provide detailed address and/or GPS coordinates)

5 Standards for which you request certification:
Please refer to: www.indexpo.lk for information

5 Certification history:	
Do you have a copy of the standard(s) according to which you request certification?	Hardcopy <input type="checkbox"/> No copy <input type="checkbox"/>
	Access through internet <input type="checkbox"/>
Which of the following statements is correct?	
This is the first time I apply for certification according to the above mentioned standards <i>* If the answer is No, please provide justification</i>	Yes No
I am currently certified but I need to extend the certification scope <i>* If the answer is Yes, please provide justification</i>	Yes No
I am currently certified but I am considering to change CB <i>* If the answer is Yes, please provide justification</i>	Yes No
I am currently certified, but want to be certified by two agencies (CBs) <i>* If the answer is Yes, please provide justification</i>	Yes No

IND-EXPO CERTIFICATION LIMITED

Application Form for Organic Product Certification



	My certificate issued but has expired <i>* If the answer is Yes, please provide justification</i>	Yes	No
	My certificate issued but was suspended or revoked <i>* If the answer is Yes, please provide justification</i>	Yes	No

6	Consultancy and development of the system		
	Do your system manuals and documents developed by an external consultant? <i>* If the answer is Yes, please mention the details of the consultancy organization</i>	Yes	No
	Please mention any other information related to consultancy		

7	Applicable statutory and regulatory requirements		

8	Other relevant information:					
	Preferred Language to Conduct Audit:		Sinhala		English	
					Tamil	
	Any Information Required:					

I hereby declare that I have been informed sufficiently about the requirements for certification (organic standards, Ind-Expo Terms and conditions for product certification). The terms and conditions are understood.

Place and date:

Name and designation of signatory:

Signature, company stamp:

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<i>This part must be completed by Ind-Expo!</i> <i>Review of the application</i>		
1	The certification requirements have been defined clearly:	Yes No
2	Any differences between applicant and Ind-Expo about certification procedure have been cleared:	Yes No
3	Ind-Expo is able to perform the cert. service (incl. aspects like domicile, language, and any other specific requirements) and application is accepted:	Yes No
4	Comments:	