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| For new operators or operators needing annual confirmation of NPOP Certificate, it is necessary to fill out this form. The operator must send this form before the “Anniversary date” reported on NPOP Certificate. If the operator wants to surrender the certification, he/she must submit a written notice of certification surrender, along with the NPOP Certificate before the “Anniversary Date” reported on NPOP Certificate. | | |
| **1** | **Name of Company** | **Client ID-** |
|  | **Request Type** | Choose an item. |
| **2** | **Legal Status of the Organization** | ❑Sole proprietorship ❑ Partnership ❑ Limited Liability Company ❑ Corporation ❑ Non-profit organization ❑others Mention: |
| **3** | **Company Registered Address** | **State:** **District:**  **Country:** **Pin code:** |
| **4** | **Company Corresponding Address** | **State:** **District:**  **Country:** **Pin code:** |
| **5** | **Factory Address** | **State:** **District:**  **Country:** **Pin code:** |
| **6** | **GST Number** |  |
| **7** | **FSSAI Licensee Number** |  |
| **8** | **Pan Card** |  |
| **9** | **Legal Person Name:**  **Email ID –**  **Contact Number:** | |
| **10** | **Responsible Person Name**: **Email ID:**  **Contact Number:** | |
| **11** | **Project Location (How far from the nearest railway station and Bus station** |  |
| **12. Certification required under standards:**  ❑NPOP ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **13. Certification History:**  **13.1**. This is your first application for organic certification: ❑ YES ❑ NO  If No, please provide the following details.   * Name of Previous Certification Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * You have ever denied for certification earlier: ❑YES ❑ No ❑ Not Applicable.   If yes give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **14. List of the product to be certified:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **S. NO.** | **Product Name** | **Trade name** | **Request Type for this product** | **Processing Operations (Cleaning, sorting, packing, and grading etc.)** | **Certification Required** | | **1** | Enter Text | Enter Text | Choose an item. |  |  | | **2** | Enter Text | Enter Text | Choose an item. |  |  | | **3** | Enter Text | Enter Text | Choose an item. |  |  | | **4** | Enter Text | Enter Text | Choose an item. |  |  | | **5** | Enter Text | Enter Text | Choose an item. |  |  | | **6** | Enter Text | Enter Text | Choose an item. |  |  | | **7** | Enter Text | Enter Text | Choose an item. |  |  | | **8** | Enter Text | Enter Text | Choose an item. |  |  | | **9** | Enter Text | Enter Text | Choose an item. |  |  |   If insufficient use separate sheet. | | |

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| **15. Details of Processing Unit:**  **15.1 Is conventional activity carried out in the unit (Processing of conventional products):**  ❑ YES ❑ No  **15.2 If YES then give the details how you maintain the integrity of organic products:** | | | | |
| **16. Supplier Details:**  **Is the Master supplier list attached?** Choose an item.  The master supplier list is must for the first issue of certificate, in case of extension and/or annual confirmation. | | | | |
| **16- Unit Description**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Unit Name** | **Processing/ Handling/ Exportation** | **Unit Address** | **FSSAI License** | **Capacity of unit per day.** | **Additional Certification (ISO 22000, BRC etc.)** | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Remarks:** | | | | |
| **17. Cleaning:** | | | |
| **Mode of cleaning** | **Cleaning Agent Used** | **Frequency of cleaning** | **Remark** |
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| **17. Provide details of the packing material:** | | | |
| **17.1 Provide details of the Size of packing and type of packaging (Manual or automatic used?** | | | |

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| **18. Storage** | | | | | | |
| **Sr. No.** | **Address of storage unit** | **Type of storage. Own/ subcontracted** | **Capacity of storage (MT)** | **Is organic and conventional material stored in the same place?** | **If yes, type of separation measure** | **Frequency and type of cleaning measures** |
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| **19. Pest Control Measures for Factory premises and Storage places:** | | |
| **Type of pest** | **Control Measure** | **Frequency of Operation** |
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| **20. Transportation.** | | |
| **20.1 Is organic raw material or finished product transported in a separate and dedicated vehicle?**  ❑YES ❑ No | | |
| **20.2 Are the vehicles cleaned prior to loading of organic material?**  ❑YES ❑ No | | |
| **20.3 Can the lots be identified during transportation?**  ❑YES ❑ No  **If identification means is different than above mentioned then specify?** | | |
| **20.4. Define traceability System:** | | |
| **20.5. Do every lot is accompanied with transportation document? (Bill, LR, Invoice, Label)**  ❑YES ❑ No | | |

**21. Product Ingredient Description**

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| **Filled by Operator-**  **Product Name:** | | | | | **For Office use only** |
| **Sr. No.** | **Name of ingredients** | **Percentage** | **Source** | **Origin** | **Permitted as per standards. NPOP** |
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Use Separate sheet if it is not enough.

**22. Required Documents:**

* Aadhaar Card
* PAN Card
* Passport size photo
* Unit/Firm Registration document or Record of Rights, Tenancy and Crops (RTC)
* Valid Mobile No. of the License and Responsible person
* Valid Email Id
* FSSAI Licence
* Process Flow Chart
* Product Flow Chat
* Product details
* Factory Map
* Filled Vendor List
* If NOC project then following documents required.

NOC letter

Scope certificate

Audit report

If any NC then required NC closure report with evidence.

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| **23. Declaration of the Operator:**  I do hereby affirm that all information provided to Agroland Services Pvt Ltd (ASPL) is true and accurate. I affirm my commitment to meet the respective Organic Standards as indicated in section 1. If the organic production rules are violated, I agree to be sanctioned according to the ASPL Scale of Sanctions. If major changes in the organic operations occur, I will inform ASPL immediately. I agree not to release any products resulting from these changes until the certification body has notified me accordingly.  I agree to keep a record of complaints about my organic activities, take appropriate action with respect to such complaints and document the action taken.  (To be filled in case of annual update)  In case of recertification (NPOP) or extension, the operator declares that  The Organic System Plan has not changed. The product(s) listed above are made/managed following what is reported in the OSP (previously presented to ASPL for the issuance of the NPOP certificate) and is in conformity with NPOP standards.  The Organic System Plan has changed. The change is not significant (the operator must describe the change) what declared is considered as updating of the OSP previously submitted to ASPL for the issuance of the NPOP certificate.  The Organic System Plan has changed. The changes are significant (new product lines, production processes, new formulations etc.). The operator must submit the relevant OSP updates.  **Name of License :**  **Position In the Organisation : --------------------------------**  **Date and Place : Seal & Signature of Licence** | |
| **24. This part filled by Agroland Services Pvt Ltd (ASPL):**  Review of the application and reviewer’s remarks   1. The certification requirements have been defined clearly: Yes ❑ No ❑ 2. Any differences between applicant and ASPL about certification. procedure have been cleared: Yes ❑ No❑ 3. ASPL can perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes ❑ No ❑ 4. Date of the Application :   **Application review Remarks :**  **Name of the Reviewer**  **…………………….**  **Date and place : Signature and seal of reviewer** |