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| APPLICATION FORM FOR FOOD PROCESSING | | Doc No. : F-3.1.2.11 |
| Rev. No. : 03 | Rev. Date: 01/06/2022 | Page 1 of 2 |

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

| | | |
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| | <input type="checkbox"/> New Application, <input type="checkbox"/> Annual Renewal Application-Certified by ADITI since Year: _____ | |
| 1 | Company Details | |
| 1a | Name of Company: _____ | |
| 1b | Postal address: | |
| | City/Town: _____ | District: _____ State: _____ |
| | Postal Code: _____ | Country: _____ |
| | Contact Number: _____ | Email: _____ Website: _____ |
| 1c | FSSAI License no.: _____ | Capacity: _____ |
| 1d | IE Code (Import/Export Code) (If any): _____ | |
| 2 | Legal Status of the Company | |
| | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Non-profit organization <input type="checkbox"/> others Mention: _____ | |
| 3 | Certificate to be issued in the name of | |
| | <i>Not applicable for Bio Suisse</i> | |
| 4 | Responsible Personnel: | |
| 4a | Responsible Person for signing contract with ADITI | Name: _____ Designation: _____ Contact Number: _____ Email Id: _____ |
| 4b | Responsible Person for Tracenet (e-portal) Data Entry | <input type="checkbox"/> Same as above, Others mention, Name: _____ Designation: _____ Contact Number: _____ Email Id: _____ |
| 4c | Responsible person at the Processing Unit | <input type="checkbox"/> Same as 4a, <input type="checkbox"/> Same as 4b, Others mention, Name: _____ Designation: _____ Contact Number: _____ Email Id: _____ |
| 5 | Goods and Service Tax (GST) Number (mandatory): _____ | |
| 6 | Details of Processing/handling Unit | |



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| Rev. No. : 03 | Rev. Date: 01/06/2022 | Page 3 of 2 |

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| 11 | Required Documents: Legibly seen and Size within 0.5Mb, Format Jpeg/pdf <ul style="list-style-type: none"><input type="checkbox"/> FSSAI License Copy-All sheets including Annexes<input type="checkbox"/> Aadhaar Card<input type="checkbox"/> PAN Card<input type="checkbox"/> GST<input type="checkbox"/> Passport size photo<input type="checkbox"/> Unit/Firm Registration document<input type="checkbox"/> Raw material supplier scope certificate/s: Valid NPOP/NOP<input type="checkbox"/> Product list<input type="checkbox"/> Product specification form for Multi-ingredient products (F 4.5.12)<input type="checkbox"/> Organic Management Plan (Aditi document No. 4.3.6){Shared after tracenet registration}<input type="checkbox"/> Volume flow<input type="checkbox"/> Processing and product flow chart<input type="checkbox"/> Quality Manual or<input type="checkbox"/> Standard Operating Procedure (SOP) |
|-----------|---|

Date:

Signature and Company stamp:

For Office use only

This part has to be filled in by ADITI! Examination of the application

| | |
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| 1 | The certification requirements have been defined clearly: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | Any differences between applicant and ADITI about cert. procedure have been cleared: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | ADITI is able to perform the certification service (including aspects like domicile, language, and any other specific requirements) and application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | Comments: (Mandatory section) |

Date:

Signature: