Date:

**Product conforming to:**

NPOP: National Programme for Organic Production NOP. USDA,

**Transaction Type:** Domestic Export, Country:…………………………..

***PTC*/TC** :  Individual Producer ICS Processor Trader Wild

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name licensee: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| NPOP Scope Certificate Number | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Exporter:  (Name, Address & E-mail) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Producer/Processor:  (Name, Address & E-mail) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Seller:  (Name, Address & E-mail) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Buyer:  (Name, Address & E-mail) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Buyer's CB/Certifier  (Name and E-mail) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| First Consignee:  (Name, Address & E-mail) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Importer:  (Name, Address & E-mail) | | | | | | | | | | As above | | | | | | | | | | | | | | | | | | | | |
| Has lab analysis done for the representative sample? | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | |
| Enclose lab analysis report. | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | |
| Place/Country of dispatch/origin: | | | | | | | | | |  | | | | | | | | | | Place/Country of destination: | | | | | | | | |  | |
| Trading TC No. (If Applicable): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| IEC No. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Invoice No. | | |  | | | | | | | Invoice Date: | | | | |  | | | | | | | Invoice Value: | | | | | | | Invoice Value in INR: | |
| Lot/Batch No/s.: | | | | |  | | | | | | | | | | | | | **FOB value:** | | | | | |  | | | | | | |
| Marks and No.: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Product Name: | | | | |  | | | | | | | Trade Name  of Product: | | | |  | | | | | | | | | | HS Code & CN Code: | | | |  |
| If Processed/Wild Collection product: | | | | | | Name of Raw Material: | | | | | | | | HS Code: | | | | | | | | | | | | | | Quantity(MT): | | |
| Sourced Date: | | | | Processing Unit/Wild Collection Area Name: | | | | | | | | | | | | | | | | | | | Recovery% from Raw Material: | | | | | | | |
| Production/Processing year: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | NPOP/EU:  organic in conversion to organic  NOP, USDA 100% organic  Organic  COS, Canada  Organic (only if ≤95%) | | | | | | | | | | | | | | | | | | | | |
| Label: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| India | Reference to Organic Production Method,  Producer Name, Exporter Name,  India Organic Logo,  Batch/Lot Number  Net Weight ADITI Logo Aditi Accreditation Number NPOP/NAB/0017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| US | Reference to Organic Production Method ,  Producer Name, Exporter Name,  India Organic Logo, USDA Seal , ADITI Logo Batch/Lot Number  Net Weight  Product of India, ADITI Licensee Number (IN-ORG-01) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | Reference to Organic Production Method ,  Producer Name, Exporter Name,  India Organic Logo, , ADITI Logo Batch/Lot Number  Net Weight  Product of India, ADITI Licensee Number (IN-ORG-01) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross and net mass/Wt. | | | | | | | | | | Gross- Net- | | | | | | | | | | | | | | | | | | | | |
| or alternative units: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Packed or bulk | | | | | | | | | | Packed  ; bulk , packed in units of: (Wt. X No’s)…..................... | | | | | | | | | | | | | | | | | | | | |
| Type of Packing: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Whether BL/Airway bill Issued | | | | | | | | | | Yes | | | | | | | | | | | | No  NA | | | | | | | | |
| Mode Of Transport:  **Road**  **Train** **Air**  **Ship:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Road** | | | G. R No.& Date: | | | | | |  | | | | | | | | | | | | Vehicle No.: | | | | | |  | | | |
| **Train** | | | Train No.: | | | | | |  | | | | | | | | | | | | Wagon No.: | | | | | |  | | | |
| **Air** | | | Flight No.: | | | | |  | | | | | | | | | | | Flight Date: | | | | | | | |  | | | |
| Airway Bill No.: | | | | | | | | | | | | | Airway Bill Date: | | | | | | | | | | | | Airway Container No.: | | | | | |
| **Ship:** | | Vessel No.: | | | | | |  | | | | | | | | | Vessel Name: | | | | | | | |  | | | | | |
| Shipping Bill No. | |  | | | | | |  | | | | | | | | | B/L No: | | | | | | | |  | | | | | |
| Vessel Date: | | | |  | | | | | | |  | | | | | | B/L Date: | | | | | | | |  | | | | | |
| **Seal number:** | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| Vessel Container No.: | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | |
| Send original certificate to: | | | | | | | | | | exporter  importer  first consignee  other: | | | | | | | | | | | | | | | | | | | | |
| Send original certificate by: | | | | | | | | | | Registered post  courier | | | | | | | | | | | | | | | | | | | | |
| Payer of the TC with Address (Rs. 1000/ for Domestic Certificate and 2000/- for Export Certificate)  500/- for Provisional TC  500/- for Inter-Organisation TC | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Name of the payer -0.5% of the consignment value in case of export TC | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**This form has been completed truthfully and to the best of my knowledge. I have conveyed all the information required and I have also enclosed copies of:**

**🞏 Invoice 🞏 Label/s 🞏 Packing List 🞏 Transport documents 🞏 Procurement List 🞏Original TC involved**

Date:

Place: Name and signature client/authorised person: ............................................