Date:

**Product conforming to:**

[ ] NPOP/EU: National Programme for Organic Production,

**Export:** Country:…………………………..

**COI** : [ ] Individual Producer [ ] ICS [ ] Processor [ ] Trader [ ] Wild

|  |  |
| --- | --- |
| Name licensee: |  |
| NPOP Scope Certificate Number  |  |
| Exporter:(Name, Address & E-mail) |  |
| Producer/Processor: (Name, Address & E-mail) |  |
| Importer:(Name, Address & EORI number) |  |
| Buyer's CB/Certifier(Name and E-mail) |  |
| First Consignee in the union:(Name, Address) |  |
| Country of clearance/Point of Entry:(Name and Address) |  |
| Country of origin: |  |
| Country of export: |  | Country of destination: |  |
| Issued NPOP TC number: |  |
| IEC No. |  |
| Invoice No. and date |  | Invoice Value (in dollars/other units): |  | Invoice Value in INR: |  |
| Lot/Batch No/s.: |   | **FOB Value -** |  |
| Product Name: |  | Trade Name of Product: |  | 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: |
| Has lab analysis done for the representative sample? | [ ]  Yes  | [ ]  No |
| Enclose lab analysis report. | [ ]  Yes  | [ ]  No |
| Production/Processing year: |  |
| Status | NPOP/EU: [ ]  organic [ ] in conversion to organic  |
| Label:  |
| EU  | [ ] 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), [ ]  Non EU product |
| Gross and net mass/Wt. (Kg) | Gross- Net- |
| Packed or bulk | Packed [ ]  ; bulk[ ]  , packed in units of : (Wt. X No’s)…..................... |
| Type of Packing: |  |
| Mode Of Transport: [ ] **Air** [ ]  **Ship:** |
| [ ]  **Air**   |  Flight No.: |  | Flight Date: |  |
| Airway Bill No.: | Airway Bill Date: | Airway Container No.: |
| [ ]  **Ship:** |  Vessel No.: |  | Vessel Name: |  |
| Vessel Date: |  |  | B/L No: |  |
| Vessel Container No.: |  | B/L Date: |  |
| Shipping Bill No: |  |  |  |
| **Seal number:** |  |
| Send original certificate to:  | [ ]  exporter [ ]  importer [ ]  first consignee [ ]  other :  |
| Send original certificate by:  | [ ]  Registered post [ ]  courier |
| Payer of the TC with Address (Rs. 2500/-) |  |

**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 🞏Source TC involved**

Date:

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