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|  | New Application, Annual Renewal Application-Certified by ADITI since ­­­­­­­­­­­­­­­­­­Year: \_\_\_\_\_\_\_\_\_  Amendment,  First time with ADITI (CB Transfer) | | | | | | |
| **1** | **Company Details** | | | | | | |
| **1a** | **Name of Company (As per PAN):** | *(Note: Certificate will be issued in this name)* | | | | | |
| **1b** | **Legal Status of the Company** | Sole proprietorship  Partnership  Limited Liability Company (LLC)Limited Liability Partnership (LLP)  Non-profit organization  Private limited Company others Mention: | | | | | |
| **1c** | **Postal address:**  City/Town/ Village: Taluka/Mandal: District: State:  Postal Code: Country:  **Contact Number**: **Email:**  **Website:** | | | | | | |
| **1d** | **FSSAI License no.: Capacity:** | | | | | | |
| **1e** | **IE Code (Import/Export Code) :** | | | | | | |
| **1f** | **GPS Coordinates of Office of the Processing unit**  (in decimal degrees) | Latitude:  Longitude:  *Use a GPS-enabled device or mobile app to record accurate coordinates with at least 4 decimal places. (e.g., latitude: 12.9716, longitude: 77.5946)* | | | | | |
| **2** | **Responsible Personnel:** | | | | | | |
| **2a** | Responsible Person for signing contract with ADITI details will be used in tracenet eportal registration)) | | | | Name:  Designation:  Contact Number:  Email Id: | | |
| **2b** | Responsible person at the Feed Processing Unit | | | | Name:  Designation:  Contact Number:  Email Id: | | |
| **3** | **Goods and Service Tax (GST) Number (mandatory):** | | | | | | |
| **4** | **Details of Feed Processing/handling Unit** | | | | | | |
| **4a.** | **Same as 1c** , Other mention below:  *(Note: Certificate will be issued in this address)*  **Name of Unit:**  City/Town/village: Taluka: District: State:  Postal Code: Country:  **FSSAI License no (Mandatory): Capacity:**  Distance from processing unit(s) to address given under (1) above:       km | | | | | | |
| **4b.** | **Processing Activities at above unit:** | | | | | | |
| **4c.** | **Product details: (Attach additional sheet if required)** | | | | | | |
|  | Product/Raw product | | Finished Product | | | Annual Estimated Quantity of processing (MT) | Recovery Percentage |
|  | |  | | |  |  |
|  | Last year Annual turnover in currency (if applicable): | | | | | | |
|  | Last year Annual turnover in MT (if applicable): | | | | | | |
| **4d.** | Submit ADITI Product specification form for Multi-ingredient products (F 4.5.12) | | | | | | |
| **5** | **Warehousing details (If involved): FSSAI License No.:**  **Activities at this unit:**  **Name of the Unit:**  **Postal address:**  City/Town/village: Taluka: District: State:  Postal Code: Country: | | | | | | |
| **5a** | **GPS Coordinates of Office of the Processing unit**  (in decimal degrees) | | | Latitude:  Longitude:  *Use a GPS-enabled device or mobile app to record accurate coordinates with at least 4 decimal places. (e.g., latitude: 12.9716, longitude: 77.5946)* | | | |
| **6** | Emudhra E-Sign Registration Completed | | | Yes  No | | | |
| **7** | Standard(s) for which you wish to become certified:  **NPOP**, Government of India: https://npop.apeda.gov.in/sites/default/files/2024-10/NPOP\_Eight\_Edition\_2024  **Regulation(EU) 2018/848** [EUR-Lex - 32018R0848 - EN - EUR-Lex (europa.eu)](https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:32018R0848)  Others, mention: | | | | | | |
| **8** | Do you have a copy of the standard(s) according to which you request certification?  Hardcopy:  Access through internet:  No copy: | | | | | | |
| **9** | Have the **above-mentioned units/products** ever been inspected and/or certified before? If so, Please enclose all information regarding the inspection(s) and/or certification(s), including reports of findings etc.  No, NA Yes, Details:  What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above? Details: | | | | | | |
| **10** | **Required Documents: Legibly seen and Size within 1MB, Format Jpeg/pdf**  FSSAI License Copy-All sheets including Annexes  Aadhaar Card of Authorisedor Contact Person  PAN Card  GST  Passport size photo of Authorisedor Contact Person  Unit/Firm Registration document  Authorisation Letter (if authorised person is different from Company Owner/Partner)  Raw material supplier scope certificate/s: Valid NPOP/NOP  Product list  Product specification form for multi-ingredient products (F 4.5.12)  Processing and product flow chart  Standard Operating Procedure (SOP)  **Note:**  1. “The certification process involves the following steps: Application submission → Preliminary review → Cost estimate → Client approval & payment → Contract execution → Registration → Submission and review of the Organic Management Plan (OMP) → External inspection → Corrective and Preventive Actions (CAPA) where applicable → Certification decision (grant or refusal) by the Certification Committee.”  2. Please provide all applicable details to facilitate accurate cost estimation for inspection and certification. | | | | | | |
| **11** | Operator declaration: Declaration on the following details as per EU requirements  I Will provide all the description of the activities performed in applied unit for organic and in-coversion products  I hereby declare that all the details provided in this document are true and with the latest information on implementation of organic management plan.  I hereby accept to transfer the controlled file in the case of change of control body.  I hereby accept in the case of withdrawal of organic production, the CB to maintain the control file for at least 5 years.  I hereby accept for the exchanges of information among those CBs in the event that subcontractors are controls by different CBs.  I hereby declare that I/ group of operators have not been certified by any other CB in relation to activities carried out in the same country regarding the same category of the products at different stage of production, preparation, or distribution. | | | | | | |

Date: Signature of owner/authorized person and Company stamp:

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**For Office use only**

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

|  |  |
| --- | --- |
| **1** | The certification requirements have been defined clearly: Yes  No |
| **2** | Any differences between applicant and ADITI about cert. procedure have been cleared: Yes  No |
| **3** | ADITI is able to perform the certification service (including aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes  No |
| **4** | Comments: (Mandatory section) |
| **5** | Application Status:  Accepted  Not accepted |
| **6** | If application is not accepted, state the reasons there of : |

Date:       Date:

Reviewed by: Approved by: