1/2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | New Application, Annual Renewal Application-Certified by ADITI since ­­­­­­­­­­­­­­­­­­Year: \_\_\_\_\_\_\_\_\_  Amendment  First time with ADITI (CB Transfer) | | | | | | | |
| **1** | **Company Name** | | *(Note: Certificate will be issued in this name)* | | | | | |
|  | **Legal Status of the Company** | | Sole proprietorship  Partnership Limited Liability Company (LLC)  Limited Liability Partnership (LLP)  Corporation  Non-profit organization  Private limited Company others Mention: | | | | | |
| **2** | **Postal address:**  City/Town/village: Taluk: District: State:  Postal Code: Country: | | | | | | | |
|  | **Contact Number: Email: Website:** | | | | | | | |
| **2a** | **GPS Coordinates of Office of the Service Provider**  (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)* | | | | | |
| **3** | **Responsible Personnel:** | | | |  | | | |
| **3a** | **Name of responsible Person for signing contract with ADITI** (details will be used in Tracenet eportal registration) | | | | Name:  Designation:  **Contact Number: email ID:** | | | |
|  | *The Login credentials generated through tracenet will be sent to the Contact person Phone number and email.* | | | | | | | |
| **3b** | Responsible person at the Trading unit | | | | | Name:  Designation:  Contact Number:  Email Id: | | |
| **4** | **Goods and Service Tax (GST) Number:** | | | | | | | |
| **5** | **Product List: Attach List** | | | | | | | |
|  | **Sl. No.** | **Product Name** | | | | | **Trade Name** | **Estimated Quantity for trading in MT** |
|  |  |  | | | | |  |  |
|  |  |  | | | | |  |  |
|  | **Annual turnover in currency:** | | | | | | | |
|  | **Annual turnover in MT:** | | | | | | | |
| **6** | **Export**  IEC (Import Export Code):  Export office is same address as under (2): Yes  , If Other details,  *(Note: Certificate will be issued in this address)*  Name:  City/Town/village: Taluka: District: State:  Postal Code: Country:  Exporter stores, packs or labels products  Exporter only handles paperwork: | | | | | | | |
| **7** | **Warehousing details (If Involved) FSSAI License No.:**  **Activities at this unit:**  **Name of the Unit:**  **Postal address:**  City/Town: District: State:  Postal Code: Country: | | | | | | | |
| **7a** | **GPS Coordinates of Office of the Warehouse**  (in decimal degrees) if applicable | | | 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)* | | | | |
| **8** | Emudhra E-Sign Registration Completed | | | Yes  No | | | | |
| **9** | 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.pdf  **NOP**, for the organic US-market: <http://www.ams.usda.gov/nop/NOP/standards.html>  **COS,** for the Canada Market: <https://www.inspection.gc.ca/organic-products/eng/1526652186199/1526652186496>  **COS With U.S.- Organic Equivalency Arrangement :** [https://inspection.canada.ca/organic- products/equivalence-arrangements/uscoea-overview/eng/1328068925158/1328069012553](https://inspection.canada.ca/organic-%20products/equivalence-arrangements/uscoea-overview/eng/1328068925158/1328069012553)  **Aditi Private Std,** <http://www.aditicert.net>  **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: | | | | | | | |
| **10** | Do you have a copy of the standard(s) according to which you request certification?  Hardcopy:  Access through internet:  No copy: | | | | | | | |
| **11** | Have the **above mentioned units/products** ever been inspected and/or certified before in any country? If so, Please enclose all information regarding the previous CB, inspection(s) and/or certification(COR, NPOP,USDA NOP, EU, JAS etc ), 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: | | | | | | | |
| **12** | **Required Documents: Legibly seen and Size within 1MB, Format Jpeg/pdf**  MSME Udyog Aadhar  PAN Card  GST  IEC Certificate  FSSAI License Copy-All sheets including Annexes  Business legal/Registration Documents Aadhaar Card of Authorised or Contact Person  Passport size photo of Authorised or Contact Person  Authorisation Letter (if authorised person is different from Company Owner/Partner)  Valid Raw material supplier scope certificate/s/valid organic certificate  Product list  Product Flow Chart/s  Quality Manual or Standard Operating Procedure (SOP)  Lease agreement for warehouse if any  **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. | | | | | | | |
| **13** | **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 the exchanges of information among those CBs if subcontractors are controlled by different CBs.  I hereby declare that I/the group of operators have not been certified by any other CB concerning activities carried out in the same country regarding the same category of products at different stages of production, preparation, or distribution. | | | | | | | |

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

2/2

**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 cert. service (incl. 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: