Date:

|  |
| --- |
| 1. **Entity Information:**
 |
| **Certified according to organic standards:** | [ ] COS/ COR |
| COS Organic Certificate Number: |  |
| Product exported from: |  |
| 1. **Exporter Information:**
 |
| Exporter type: | [ ]  Certified exporter |
| **Certified exporter details:** |
| Certified exporter NOP ID: |  |
| Exported by: |
| Exporter Name: |  | Contact First Name: |  |
| Address: |  | Contact Last Name: |  |
| Country: |  | Phone Number: |  |
| City: |  | Email: |  |
| State: |  | Zip/postal code: |  |
| 1. **Final Handler Information:**
 |
| Final Handler is same as exporter | [ ] If not, fill the below details |
| Enter certified final handler NOP ID |  |
| Alternate final handler Contact details (Contact name, Phone number and Email ID) |  |
| Certifying body of Final Handler |  |
| 1. **Recipient Information:**
 |
| Recipient type: | 1. [ ]  Certified Recipient b) [ ]  Uncertified Recipient
 |
| **a) Certified Recipient:** |
| Certified recipient NOP ID: |  |
| Recipient in USA.:  | Contact First Name: |  |
| Address: |  | Contact Last Name: |  |
| Country: |  | Phone Number: |  |
| City: |  | Email: |  |
| State: |  | Zip/postal code: |  |
| Alternate recipient contact details (Contact name, Phone number and Email ID) |   |
| 1. **Uncertified Recipient:**
 |
| Operation Name: |  | Contact First Name: |  |
| Address: |  | Contact Last Name: |  |
| Country: |  | Phone Number: |  |
| City: |  | Email: |  |
| State: |  | Zip/postal code: |  |
| 1. **Product Information:**
 |
| Product as labelled: |  |
| Harmonized Tariff Code: |  | Total Net weight in Kg: |  |
| Production/ processing year |  | Gross weight Kg: |  |
| Invoice number and Date: |  | Invoice value:FOB Value :Product Value : |  |
| Lot Number: |  | Total Number of Conatiners: |  |
| Has lab analysis done for the representative sample? | [ ]  Yes [ ]  No | Enclose lab analysis report. | [ ]  Yes [ ]  No |
| Label: |
| 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 [ ]  Reference to USCOEA |
| Canada | [ ]  Organic/ Biologique + Product Name, [ ] Reference to Organic Production Method, [ ]  Producer Name, [ ] Exporter Name, [ ]  Certified by/ Certifié par ADITI, [ ] Batch /Lot Number, [ ]  Net Weight, [ ]  Product of/produit de India, [ ] Canadian Organic Logo [ ]  India Organic Logo, [ ] ADITI Logo Reference to USCOEA |
| COS/NOP Source TC No.: |
| Mode of Transport:[ ]  **Air** [ ]  **Ship:** |
| [ ]  **Air** | Flight No.: |  | Flight Date: |  |
| Airway Bill No.: | Airway Bill Date: | Airway Container No.: |
| [ ]  **Ship:** | Vessel No.: |  | Vessel Name: |  |
| Shipping Bill No. |  | Shipping Bill Date: |  | Vessel Date: |  |
| B/L No: |  | B/L Date: |  |
| **Seal number:** |  |
| Vessel Container No.: |  |
| 1. **Additional Information:**
 |
| City and state of product destination: |  |
| Send original certificate to: | [ ]  exporter [ ]  importer [ ]  first consignee  [ ]  other: |
| Send original certificate by: | [ ]  Registered post [ ]  courier |
| Payer of the TC with Address (₹ 2000/ for COS Domestic Certificate and ₹ 3000/- for Export Certificate/ NOP Import certificate)₹ 2500/- for Provisional 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:**

[ ]  Scope certificate importer [ ]  Uncertified exporter address proof and trade certificate [ ]  Exporter NPOP and COS Scope certificate [ ]  Photo of container/packed products [ ]  PTC [ ]  Shipping Bill/ Bill of lading [ ]  Travel plan [ ]  Invoice [ ]  Label/s [ ]  Packing List

Date:

 Place:

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