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: ............................................