	APPLICATION FORM GOTS Certification Programmes	Document code	GOTS.APPL.F01
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Name	
Address	
Invoice Information	
Tel/Fax/Mobile Phone	
e-mail /website	
Applicant contact person	

Indicate which regulations you want to be certified

GOTS	<input type="checkbox"/>
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Please choose the appropriate option

Producer	<input type="checkbox"/>
Merchant/Trader	<input type="checkbox"/>
Processor (product processing)	<input type="checkbox"/>
Exporter - Importer	<input type="checkbox"/>

Applying for the first time	<input type="checkbox"/>
Indicate changes (if you are already a EKOTAR) client	<input type="checkbox"/>

1. Products

Please describe below the products you want to have certified.

Name Product	Added	Changed	withdrawn
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


2. Processing units

Please describe below the activities of all processing units

Name and address of unit	Process(-es) (e.g. storage washing,etc)	Added	Changed	withdrawn
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the project and/or any farmers of it ever been registered, inspected or certified before by another Inspection/Certification Body?

If YES, please mention: the name of the inspection and/or certification body, year of application, the previous registration number, reason of changing inspection/certification body. Please enclose relevant documents concerning the previous inspection(s) / certification(s) (inspection report, certificate etc.)

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REVIEW of APPLICATION (EKOTAR use only)	Yes/No	Comment
Is the information in application form sufficient to make an offer (e.g. filled in completely, signature present and signed by the company requesting certification)?		(if no, give reasons)
Is it possible for EKOTAR to inspect and certify the project (e.g. sufficient inspection and expert inspector capacity, product within scope)?		(if no, give reasons)
Do we have an auditor available with the right qualification, sufficiently knowledgeable of the clients specific technical area including language		(if no, give reasons)
Does EKOTAR ensure that different staff realize evaluation, report review or certification decision		
Is there previous or which present link with the client could lead to partiality or discrimination?		
Is there special requests where EKOTAR has no prior experience (type of product, normative document or scheme).		
Do indicated activities comply with scope of requested programme.		(if no, give reasons)
Assessed by:		Date:

Undersigned declares to have completed this Application Form truthfully

Company Name	
Legal Representative	<i>(The person of the company, accepted by the Chamber of Commerce registration as assignment authorized.)</i>
Date / Stamp / Signature	

Based on the above information, EKOTAR will draw up a no-obligation offer for a contract.