Dear Madam/Sir;

Please full fill this form exactly, signed and send by e-mail, cargo, mail, Web, WhatsApp, by yourself, etc. We kindly request you to send it to us by using the contact information below through any of the communication channels.

The information presented in this form will be used in appropriate Quotation releated to GlobalG.A.P. Standards for audit/inspection and certification process for your project. Incomplete informations may cause delays in preparation.

If you accept the Quotation, a contract will sent to you by any of the communication channels.

**Communication :**

**ECOSIR Kontrol ve Sertifikason A.Ş.**

**Adress:** Donanmacı mah. 1724 sok. no: 9/201 35580 Karşıyaka / İzmir / Turkey

**Mobile** : 0 533 304 26 60

**Tel:** 0232 381 81 41

**E-mail :** a.sir@ecosir.com.tr / info@ecosir.com.tr

**Web :** ww.ecosir.com.tr

**Application No.: APP 202\_ /**

**Application Date:**

**Applicant Informations:**

|  |
| --- |
| **Applicant /Client (Personal/Company) Nameı:** (Please write full name and title)  |
| Applicant/Client Adresi: (Please write full Street, postal code, region, city, country) |
| **Communication : (Tel : / e-mail / web ..)**  |
| **Legal Representatives / Title** |
| **Contact Person / Title:** |
| **GlobalG.A.P. Responsible Name / Title:**  |
| **Tax Office / No:** |
| Chamber of Commerce Registration No:: |
| **Global Location Number/GLN (If there is)(From GS1):** |
| **GlobalG.A.P. Number (GGN) (If there is) :**  |
|  IF YOU HAVE GGN BEFORE AND/OR STILL PLEASE INFORM US BEFORE REGISTRATION. **Note:** According to GR I (4.2.2); If a producer who has already been registered changes CB or applies to a new CB for certification of a different product, the producer shall communicate the GGN assigned by GlobalG.A.P. to the new CB Failure to do so will result in a surcharge of the registration fee of **EURO 100** to an option 1producer and **EURO 500** to an Option 2 producer group. |
| **If you have GlobalG.A.P. certificate; Inform validity date:**  |
| **If you have GlobalG.A.P. certificate; Inform Products with GlobalG.A.P.:**  |
| Do you have non conformities and corrective actions for GlobalG.A.P. ? □ Yes □ No  |
| Have you completed your corrective actions for non conformities of GlobalG.A.P ? □ Yes □ No  |
| **Last audit/inspection date :**  |

**GLOBALG.A.P. IFA V5 (Tick for the relevant scope preference “X”)**

|  |
| --- |
| **Crop Base** |
| **□** Fruit & Vegetables |
|  |
|  **b) GRASP (GLOBALG.A.P. Risk Assessment on Social Practice )****b. 1) Opt.1 : [ ]**  |
| **Product**  | **WORKER EMPLOYMENT** | **HARVEST** | **PHU** |
| **PERMANENT WORKER NO** |  |  |
| **TEMPORARY WORKER NO** |  |  |
| **SUBCONTRACTED/AGENCY WORKER NO** |  |  |
| **b.2) Opt.2 : [ ]**  |
| **Product** | **Producers No.** | **WORKER EMPLOYMENT** | **HARVEST** | **PHU** |
|  |  | **PERMANENT WORKER NO** |  |  |
| **TEMPORARY WORKER NO** |  |  |
| **SUBCONTRACTED/AGENCY WORKER NO** |  |  |

**Application Type. (Please tick your application preference “X”)**

|  |
| --- |
| **□ GG First Application**  □ **Please select the option below for a Change Application**. **(For producers in the process of GG certification)** **□ Addition (New product, unit, PHU, Producers)** **□ Decrease (Product, Unit, PHU, Producers)** **□ Replacement (Explain …)………………………………………………………………****□ GG Certified Producers for Annual Update Application****□ Unannounced Award Program Application** (According to GR Part 1 Article 5.1.2.3 and GR Part 5.2 Applicant decides.)**□ Remote Inspection** (Decides by ECOSIR according to current conditions)**□ Off site / On site** (Decides by ECOSIR) |

 **Certification Options (Please select prefered module“X”)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Option 1 Single site  |  | Option 1 Multi-sites with QMS  |
|  | Option 1 Multi-sites without QMS  |  | Option 2  |

**“Option 1 Multi-site with QMS” and “Option 2” Indicate (Auditor/Inspector)**

|  |  |
| --- | --- |
| Internal Auditor Name:**Note:** May add more than one. | **1.****2.****3.** |
| Internal Inspector Name: **Note:** May add more than one. | **1.****2.****3.** |

**Note : May add more**

**Applicant (Producer / Producer Group)**

|  |
| --- |
| **Company Geospatial Coordinates Informatıon****See :** <https://parselsorgu.tkgm.gov.tr>  |
| Company Head Office Adress 1: |  |
| Company Head Office Adress 2 : |  |
|  **PHU Coordinates:****See :** <https://parselsorgu.tkgm.gov.tr> |
| PHU 1 Adress : |  |
| PHU 2 Adress : |  |
| **ENTITY OWNERSHIP INFORMATION** |
| **□ Paralell Production: (PP)** **□ Paralell Ownership: (PO)** |
| **PRODUCT INFORMATION FOR CERTIFICATION** |
| □ Bulk (Unpacked) ;□ Processed Product (Packed) : □ On Field ; □ In Storage or in PHU; **NOTE: If packing takes place in Storage or PHU,Pls fill Packing and Producing informations on Article 4 th.**  |

**CROP BASE (IFA)**

1. **Option 1; individual production**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Product | First / Current Harvest (Ha) | Next Harvest (ha)(For perennial crops, areas that have not yet started production should be specified.) | Area Information(Parcel No.) | Geospatial Coordinates | Location(city/county/ village | **PP**(Yes/No) | **PO**(Yes/No) | **Produce** **Handling** (Yes/No) | **Destination** **Countries** |
|  | Covered | Non Covered | Covered | Non Covered |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Note : May continue by adding lines.**

Is there any harvest excluded products applied for ?  **□** Yes **□** No

If YES please indicate : ……………………………………………..

1. **Option 1; Multisite Without QMS (Indicate GlobalG.A.P. Locations)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Name** | **Product** | First Harvest(ha) | Next Harvest (ha)(For perennial crops, areas that have not yet started production should be specified.) | **Area** Information(Parcel No.) | **Geospatial** **Coordinates** | Location(city/county/village) | **PP**(Yes/No) | **PO**(Yes/No) | **Produce** **Handling** (Yes/No) | **Destination** **Countries** |
|  |  | Covered | Non Covered | Covered | Non Covered |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Note : May continue by adding lines.**

Is there any harvest excluded products applied for ?  **□** Yes **□** No

If YES please indicate : ……………………………………………..

1. **Option 2 and Option 1 ; Multisite with QMS (Indicate GlobalG.A.P. Locations)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Producer** **Name** | **Product** | First Harvest(ha) | Next Harvest (ha)((For perennial crops, areas that have not yet started production should be specified) | **Area**Information(Parcel No.) | **Geospatial** **Coordinates** | Location(city/county/village) | **PP**(Yes/No) | **PO**(Yes/No) | **Produce** **Handling** (Yes/No) | **Destination** **Countries** |
|  |  | Covered | Non Covered | Covered | Non Covered |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Note : May continue by adding lines.**

Is there any harvest excluded products applied for ?  **□** Yes **□** No

If YES please indicate : ……………………………………………..

**Producers number in Group \***:……………………. ……………………………………………………….

\* For each product as total, producers number shall written. In order to register database please ask ECOSIR for new version of Producer List

 **Packing Area Number \*** :…………………………..

\*Fill Produce Handling site as detailed.

**Destination Countries :** ………………………………………

 Did you create a QMS System ? □ Yes □ No

 Did you do internal audit for QMS System ? □ Yes □ No

Did you do internal inspection for each producer? □ Yes □ No

|  |
| --- |
| **Flexible Distribution Rule (FDR) ; FDR is prcessing in the group? :** □ Yes □ No**\*** **If present in the group, specify the producers in the Producer List ………………………………………………….****\*** **Forward the internal audit report for permission application …………………………………………………………****Residue Monitoring System( RMS); Please specify which method the Residue Monitoring System application was applied to?** **□ Second Party Sampling** **□ Third Party Sampling****\*** **Specify the producers according to the applied sampling method using the Producer List; ………………………………………………**\* **Indicate** **applied method, person, organization, etc.;………………………………………………………..**  |

**Note: Fill in the informations in the table.**

|  |
| --- |
| **Flexible Distribution Rule (FDR) ; Is it implemented ? : □ Yes □ No****\*** **If there are producers in FDR specify the producers in the Group in Producers List ………………………………………………….****\*** **Submit the internal audit report for application permission …………………………………………………………****Resude Monitoring System( RMS); Please specify the method by which the Residue Monitoring System was applied.?** **□ Second Party**  **□ Third Party** **\*Specify the producers by using Producer List according to the sampling method applied:………………………………………..****\*Specify Application method, person, organization etc. ;………………………………………………………..**  |

1. **Produce Handling Units**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unıt Name** | Adresss | **Geospatial Coordinates** | **Owner**(Yes/No) | **If Owner (No) ; Indıcate GGN for owner of PHU**  | **Handled Product** | **Processing Type****(Please specifyStorage/washing /Packing etc.)** | **Paralell Ownership**(Yes/No) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Note: May continue by adding lines.**

1. **Producing Information**

|  |
| --- |
| **5.1 Subcontractor Information** |
| **a. PPP** is carried out by subcontractors? □ Yes □ No  |
| 1. 3**. b.** Fertilizer is carried out by subcontractors ? □ Yes □ No
 |
| 1. 4.  **5.2** **Post Harvest Applications**
2.
 |
| 1. **□**  □ Washing □ Drying
2. □ Waxing □ Produce Handling/ Packaging/Storage
 |
| **5.3 Produce Handling** |
| **a.** In PHU only yours GlobalG.A.P. certified products are producing? □ Yes □ No  |
| **b.** In PHU any other GlobalG.A.P. certified products are producing comming from other CB’s? □ Yes □ No   |
| **c.** In PHU non certified products are producing also? □ Yes □ No   |

**6. Declaration for Applicant; Privacy on Data Use and Data Release**

|  |
| --- |
| **1.**This is the report disclosure of project information on GlobalG.A.P database; I declare my activities informations to be disclosure in the following ways by GlobalG.A.P.. • During the registration process, registration data can be used by GlobalG.A.P and ECOSIR for internal processes and  enforcement procedures. • Minimum mandatory; GGN, Registration Number,GlobalG.A.P. Document Number, Program, Version, Option,  Certification Body, Product and its status, Production/Processing Unit Declaration, Number of Manufacturers, Country  of Production and Destination, Production and Processing Units, Parallel Production or Parallel Ownership, Exclusion of  harvest by product• Up-to-date version checklists containing the audit evidence of the Producer/Manufacturer group/Entrepreneurs will be  uploaded to https://audit.globalgap.org and published to third parties on the https://database.globalgap.org website. |
| **2.** If you or a group member does not accept the minimum disclosure requirements in article 6.1, it cannot be certified and cannot be included in a producer group certification. |
| **3.** Except as specified in Articles 6.1 and 6.2, no data can be disclosed to another party by GlobalG.A.P and ECOSIR without  written consent of the documented.  |
| **4.**In addition ; • Does the company accept that its name and address be public? □ Yes □ No  • Does the producer in the producer group agree to make the name and address available to the public? □ Yes □ No  |

**7.** **Documents to be attached to the Application Form**

|  |
| --- |
| \* Production area field documents for Current Production season for all producers. |
| \*Legal Entity Official Documents. |
| \*If there is Proxy Document |
| \*In group certification Contract between the PG and prodducers. |
| \* Official Documents for PHU. |

**8. Confirmation for Applicant :** This is filled by applicant of producer / producer group authorization

|  |
| --- |
| **Company/ Producer Legal Name :** **Location / Adress :** **Application Date :** **Stamp / Signature** : |

**9. Evaluation of Application: This section will be filled by ECOSIR authorized auditor/ Scheme Manager**

 (Explain your answer)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Review of Application**  | **Yes** | **No** | **N/A** | **Justification** |
| Is the information in the application form sufficient to submit quotation?* Customer datas’ clear enough?
* Application Form full filled?
* Added documents to Application Form completed and correct?
* Signatures are legal? (Check from legal documents)
 |  |  |  |  |
| Information given for application is clear enough?* Certification Scope ?
* Product? For certification
* Location? (One/more)
* Project history
 |  |  |  |  |
| Is the product/PHU suitable for carrying out certification activities?  - Product information - Producing Season (sowing/planting/harvest time) - PHU (During production ? / Necessary permissions official  documents are available? etc…) |  |  |  |  |
| Does ECOSIR have sufficient auditor/inspector and qualification capacity to audit and certify the project? (including language)Is there sufficient and appropriate qualified auditor / inspector ? |  |  |  |  |
| Is there a past or present bond with the Producer/PG that would lead to impartiality and discrimination? |  |  |  |  |
| Does ECOSIR have the product/service within the scope of applicable standards in order to audit and certify the project??  |  |  |  |  |

|  |
| --- |
| **Evaluation / Comment ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………..****Result:** **□ Quotation can be prepared □ Quotation cannot be prepared****Confirmed by Auditor/Scheme Manager (Name/ Signature) :****Confirmation Date:**  |

**Communication Information :**

**ECOSIR Kontrol ve Sertifikason A.Ş.**

Tel :0533 304 26 60

E-mail : a.sir@ecosir.com.tr

**Application No.: APP 202\_ /**

**Application Date :**