# APPLICATION FORM

# Responsible Down Standard

## FOR CONTROL UNION CERTIFICATIONS (CUC)

|  |  |
| --- | --- |
| **NAME OF COMPANY APPLYING AND LEGAL STATUS**  (please use full name of company with e.g. Ltd., Inc, SAC, SA, SARL, BV) | ADDRESS OF COMPANY (Street, post code, town, province, country, P.O. Box) |
| **COMPANY’S CONTACT PERSON** | **TELEPHONE NUMBER/EMAIL ADDRESS** |

***Please fill in the fields that will be under the scope of certification***

**Farms**

Please provide details of all farming units with animals over 3 days old.

Indicate if any of the farm units is using contracted farmers and how many.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address** | **Activities (Breeding, slaughtering, transport, contract farming )** | **Nr. of animals per year** | **White or grey**  **duck or goose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are the farms in a contracted farm group? **Yes/No** (Please select what is applicable) If yes, please attach farm list including addresses.

**Slaughterhouses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address** | **Slaughtering period** | **Nr. of animals per year** | **White or grey**  **duck or goose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Small Farm Groups**

Applicable for farms with less than 100 animals each

|  |  |  |  |
| --- | --- | --- | --- |
| **Collecting region** | **Nr. of collectors** | **Estimated number of farms from where collectors collect** | **White or grey**  **duck or goose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent farms (optional)**

Please provide details of the parent farm units. This is an optional module.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address** | **Activities (Farm, hatchery)** | **Nr. of animals per year** | **White or grey**  **duck or goose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Down processors**

(Large collectors, down pre-processor, down processors, trader, warehouses)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and address** | **Type** | **Activities (washing, sorting, etc.)** | **Volume of down/year** | **White or grey**  **duck or goose down** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Factories**

(Assembly factory, garment factory, warehouse etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address** | **Activities (trading, filling, etc.)** | **Product (garments, home textile, outdoors)** | **Content (RDS down type and %, synthetic material %, etc.)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**POST-PRODUCTION**

**Brand Certification and Exemptions**

(CCS: Content Claim Standard, BNC: Brand Network Certification, 100% CM: 100% Claimed Materials, BCL: Batch Code Label)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Specifications (parent company, brand)** | **RDS-CCS v2.0 module (CCS, BNC, 100% CM or BCL)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Distribution Centers (DC)**

(Brand DC, contracted DC, wholesaler, licensee, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Type** | **Activities (trading, storage, re-packing, etc.)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Supply chain**

(Number of physical transfers (>) of product between manufacturer and retailer while under same ownership.)

|  |  |
| --- | --- |
| **Describe the supply chain(s) between the manufacturer and retailer of your branded products.**  (for example, a product could go from a sewing factory to your DC, to a wholesaler) | |
| 1 (Mfg. direct > retailer) |  |
| 2 (e.g. Mfg. > brand DC > retailer |  |
| 3+ (e.g Mfg. > brand DC > trader > retailer |  |

Are one or more of the above locations contracted before to be audited and certified against RDS? If yes, please state in below table:

|  |  |  |
| --- | --- | --- |
| **Name and address** | **Activities** | **Certification number and status (certified, in progress)** |
|  |  |  |
|  |  |  |
|  |  |  |

***Attach extra sheets if needed***

Undersigned declares to have completed this Application Form truthfully. Please send the completed form by email to your Control Union contact person. We will revert with a non-obligatory offer.

|  |
| --- |
| NAME COMPANY |
| **LEGAL REPRESENTATIVE** (The person of the company, accepted by the Chamber of Commerce registration as assignment authorized.) |
| DATE & SIGNATURE |