

APPLICATION FORM

Certification programmes

SUSTAINABLE FIBER PROGRAM (SFP)

FOR CONTROL UNION CERTIFICATIONS (CU) INSPECTION & CERTIFICATION

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 LEGAL REPRESENTATIVE (name of person and function)	COMPANY'S CONTACT PERSON (complete if different from Legal Representative)
TELEPHONE / FAX NUMBER	E-MAIL (and/or website)

<input type="checkbox"/>	Applying for the first time
<input type="checkbox"/>	Indicate changes if you are already a CU client
Applying for SUSTAINABLE FIBER PROGRAM according to the requirements of:	
<input checked="" type="checkbox"/>	Sustainable Fiber Production based on Agricultural Practices
<input checked="" type="checkbox"/>	Sustainable Fiber Production based on Animal Husbandry Practices
<input checked="" type="checkbox"/>	Processing

Attach extra sheets if needed

1. Products

Please describe below the products you want to have certified. If it concerns changes mention all the products and indicate which one is **changed**, **added** or **withdrawn**.

Name Product	Changed, added or withdrawn (if applicable)

2. Production units

Please describe below the activities of all production units. If it concerns changes mention all the units and indicate which one is **changed**, **added** or **withdrawn**.

Name and address of unit	Ha	Nr. of farmers*	Changed, added or withdrawn (if applicable)

Or

2.2 Small Farmer Group/s.*

Name and address of unit	Total area	Total No. of Farmers	Changed, added or withdrawn (if applicable)
	(a)	(b)	

Attach extra sheets if needed

3. Processing units

Please describe below the activities of all processing units, including the central administration office. If it concerns changes mention all the units and indicate which one is **changed**, **added** or **withdrawn**.

Name and address of unit	Self/ Sub-contracted unit	Process(-es) (e.g. storage washing, cutting, selection, packing)	Processed Product /s	Changed, added or withdrawn (if applicable)

4. Please describe the location of the production/processing units, e.g. travel time between the different units, if applicable

Travel time between units, if applicable estimated time needed for travelling from nearest international airport etc.

5. 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.)

Undersigned declares to have completed this Application Form truthfully

NAME COMPANY

LEGAL REPRESENTATIVE (The person of the company, accepted by the Chamber of Commerce registration as assignment authorized.)

DATE & SIGNATURE

Attach extra sheets if needed

**Control Union Certifications Application form
SUSTAINABLE FIBER PROGRAMME (SFP)**



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

CU OFFICE USE ONLY! REVIEW of APPLICATION <i>This part can be completed in CUSI as well</i>	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 CU to inspect and certify the project (e.g. sufficient inspection and expert inspector capacity, product within scope)?		(if no, give reasons)
Conclusion: Can an offer be made to the Company? If one or more answered with NO, offer is not possible!		
Assessed by:	Date:	

Attach extra sheets if needed