APPLICATION FORM

Carrying out verification audit for

SAI Platform, Farm Sustainability Assessment (FSA)

APPLICATION FORM – FSA

Please complete this application form and return it to your local Control Union office. We will provide you an offer and discuss the best way in moving forward towards a verification audit.

INSTRUCTIONS TO APPLICANT

- This FSA application form must be completed prior to receiving an offer
- Kindly complete the form and sign the client declaration

CLIENT INFORMATION

Name of the contracting party	:	
Name of FMG Coordinator if different		
FMG Coordinator: organistion legally representing the Farm Management Group		
Address	:	
Postcode / Zip code	:	
Country	:	
Office Contact No.	:	
Office Fax No.	:	
VAT No, if applicable		

PRIMARY CONTACT PERSON INFORMATION (THE PERSON RESPONSIBLE/IN-CHARGE of FSA Program)

Contact's Name (FMG Manager)	:	
Position / Title Held with the Company	:	
Office Direct Line No.	:	
Mobile No.	:	
E-mail Address	:	

APPLICATION DETAILS		
Description		**"click" on box to select**
Stand alone farm	Individual farm	☐
Requested name and address on the Letter of Attestation		
Crops for assessment		
Farm management group (FMG)	A group of farms with a logical coherence. Farm management groups may include farm cooperatives, a group of farmers supplying to one processing facility under contracts, a group of farmers participating in a sustainability project for a specific company etc.	☐
Requested FMG name and address on the Letter of Attestation		
Crops for assessment		

Initial application	☐	**Subsequent for re-verification**	☐
For subsequent please indicate your current LoA number:			
SPN number ID which Letter of Attestations can be searched by on standardsmap.org	Never received		☐
	Already received (insert here):_____		☐

Additional service request		"click" on box to select
Pre-assessment *(This visit gives you the opportunity to identify existing gaps before the first inspection/audit)*		☐
Self-assessment by Control Union specifics:		☐
Training request by Control Union specifics:		☐
G4G merged audit:		☐

For Farm management groups only
Please fill out the farmer list in appendix 1 and submit it in editable format (as well)
How many farmers are part of the farm management group?
What is the average farm size?
What is the location of the farms?
Do not forget to fill in the Priority Screening Tool at https://fsatool.sustainabilitymap.org/#!/pst and send it to us as well!

ADDITIONAL INFORMATION RELEVANT TO THE AUDIT SCOPE

Details of all other certifications held (by all farmers or only some of them), include contact details of the certification bodies applicable
Applying FSA Performance Level Claims to the previous harvest (backdating request)
If applicable explain crops, harvesting season in question
Overview of workers (eg total number of workers, wokers living on site, agency workers etc)

☐ Workers living on site

☐ Agency workers

☐ Freelance seasonal workers

Number of wokers:
Period (month or season) when workers are on the premises:
Languages spoken by workers:
Additional information:

Please ensure the availability of workers for interviewing during on-site verification
Preferred audit timing -obligatory, as this triggers the planning and sampling

APPLICANT / CLIENT DECLARATION

I, the undersigned, being an authorised signatory for the organization, understand that the information given in this application may be shared with SAI Platform. Furthermore, I declare that the information given in this application is complete and accurate and request an offer to potentially carry out the FSA verification audit.

I, the undersigned, being an authorised signatory for the organization, agree to grant access to the company/FMG name and address to the "Public" in the Database where Letter of Attestations can be searched.

Name	:	

Position	:	

Signature	:	

Date	:	

Appendix 1   Total Farm list for FMG

You may send it in any **editable** format

	Farmer name (number/code)	Total farm size (ha)	Cultivated crops for assessment	Address	Number of workers	Certifications held
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