|  |  |
| --- | --- |
| Contact name |  |
| Telephone number |  |
| Email address |  |
| Trading name |  |
| Address of premises to be registered |  |
| Annual turnover (not used in fee calculation) |  |
| Number of staff involved in organic operations |  |

**Scope required for organic certification**

**(please tick as appropriate and fill out the relevant questions)**

|  |  |
| --- | --- |
| Exporter |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Importer |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Non Food |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Producer |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Aquaculture |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Arable |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Livestock |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Processor |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Storage / Bulk Distribution |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Trader / Wholesaler |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |

|  |  |
| --- | --- |
| **Please answer the following questions** |  |
| Have you been certified by another organic certification body? |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Is “yes” which body? |  |
|  |  |
| Have you ever been refused certification? |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| If “yes” please explain why on a separate sheet? |  |
|  |  |
| Have there been any prosecutions within the last 12 months or pending which could affect organic certification?If “yes” please include full written details and use a separate sheet if necessary |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| How did you hear about the Federation? |  |

|  |  |
| --- | --- |
| Hectrage and crops |  |
| Livestock type and numbers |  |
| Number of aquaculture cages |  |
| Production site area in square metres |  |
| Name of products and weekly average weight**(products added after the quotation is issued may incur extra cost)** |  |
| Does the storage facility have organic certification? |  |
|  |  |[ ]  Yes |[ ]  No |
|  |  |
| Countries of origin of organic imports |  |

|  |  |
| --- | --- |
| On behalf of (company) |  |
| Position |  |
| Date |  |
| Print name |  |
| Signed |  |

**Please return this form to the address or email below.**

**Your quotation will be based on this document. Any additional scopes / range of products not mentioned will be charged accordingly.**