

Inspection Institute for Organic Products SA

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**APPLICATION FORM**

FOR REGISTRATION ACCORDING GLOBALGAP:

**SCOPE IFA, SUB SCOPES FRUIT AND VEGETABLES COMBINABLE CROPS**

**ΟPTION 1 □ ΟPTION 1 multisite with a QMS □ OPTION 2 □**

**FRUIT AND VEGETABLES □ COMBINABLE CROPS □ GRASP □ CHAIN OF CUSTODY (CoC) □**

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| COMPANY NAME: |
| ADDRESS: CITY: COYNTRY: POSTAL CODE: |
| ACTIVITY: |
| VAT/ TAX NUMBER: |
| ΤELEPHONE: FAX: e-mail: GLN: |
| LATITUDE OF BUSINESS HEADQUARTER: LONGITUDE OF BUSINESS HEADQUARTER: |
| PERSON REPRESENTATIVE FOR LEGAL ENTITY  (In case a different person signs the application, an authorization document must be attached) |
| FIRST NAME: LAST NAME:  ADDRESS: CITY: POSTAL CODE:  POSITION (IN COMPANY) : I.D. NUMBER.:  PHONE/ MOBILE: FAX: e-mail: |
| Initial Application Application for Alteration |
| Is there previous certificate according GLOBALGAP YES NO  If there is, please inform us about: |
| Previous GLOBALG.A.P Number (GGN): |
| Previous Certification Body: |
| Last Certificate: |
| Reason for seeking a transfer: |
| Is there any sanction applied by the outgoing CB? If yes, please attach these documents with in this application. YES NO |
| Are last evaluation/ re-evaluation reports, subsequent surveillance reports and any outstanding non-conformity arising there from available?  If yes, please attach these documents with in this application.  YES NO |
| Is there any contractual commitments with the outgoing CB are still outstanding, which would impede a correct transfer to the accepting CB?  YES NO |
| Is there any complaints received and action taken?  YES NO |
| Is there any other certificates according to other norms, protocols etc?  YES NO |

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| **INFORMATION FOR THE FARM ENTERPRISE :**  Total Number of Producers: Plottage (Ha) : |

| **Α/Α** | **Site name and**  **address** (option 1,3) | **Producer name and**  **address** (option 2,4) | **GGN ή GLN of producer**  (where applicable) | **Product (s)** | **Field in ha** | **C**over/ **U**ncover/  **I**rrigated/  **N**on **I**rrigated | **Fi**rst harvest **or Fu**rther harvest | **Product**  **Handling (Y/N)** | **Parallel production**  **(Y/N)** | **Parallel ownership**  **(Y/N)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |

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| Is there parallel production? Yes No  If yes, please mention the PMUs where the parallel cultivation is carried out:  Are there more than one production units (PMU) on the farm or per producer - member of the group? Yes No    If yes, please report the details of each unit below: | | |
| PMU NAME (if it is different) | | |
| ADDRESS: CITY: COYNTRY: POSTAL CODE: | | |
| VAT/ TAX NUMBER.: | | |
| PHONE/ MOBILE: FAX: e-mail: | | |
| GLN: Previous GGN: | | |
| PMU/PHU responsible person : | | |
| PMU/PHU LATITUDE: PMU/PHU LONGITUDE : | | |
| PRODUCE HANDLING  Is there parallel ownership? Yes No  IF YES, FOR WHICH PRODUCTS?  Is there any produce handling for any product as long as the produce still belongs to the farmer? Yes No  Produce handling is carried out on farm? Yes No  Produce handling is carried out on post-harvest handling facilities? Yes No  If yes, please complete the following table: | | |
| **ACTIVITY** | **ADDRESS** | **PARALLEL PRODUCTION (YES/NO)** |
| STORAGE |  |  |
| PACKAGING |  |  |
| TRANSPORTATION |  |  |
| PROCESSING |  |  |
| DO YOU HAVE REGISTERED PRODUCTS OF THE FARM SOLD BEFORE HARVEST SO AS TO BE EXCLUDED BY CERTIFICATE AT THIS STAGE? IF YES, REPORT WHAT THIS IS. Yes No  IS THERE ANY PRODUCE HANDLING OUT OF THE FARM? Yes No  IF YES, FOR WHICH PRODUCTS?  ARE THERE OPERATIONS CARRIED OUT BY SUBCONTRACTORS?  If so, please indicate which:  PLEASE MENTION THE NAME AND GGN OF THE PRODUCER THAT CARRY OUT THE PRODUCE HANDLING (As a subcontractor):  THE COMPANY DOES NOT HANDLE THE FOLLOWING PRODUCTS: | | |

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| --- | --- |
| Please mention all countries where your products are going to be sold: | |
| **COUNTRY OF DESTINATION** | **PRODUCT** |
|  |  |
| Do you want the certificate to include a declaration of exclusive disposal of the certified product to a particular trader?  Yes No  If so, please indicate your dealer's name: | |
| Do you want to audit your farm in 2 phases (on site, off site)? Do you agree to send BIOHELLAS the required documentation to conduct off site evaluation of your farm?  Yes No | |
| Do you wish your company to participate in the GLOBALGAP reward program and to exempt your business from the unannounced inspections process? (only for customers of option 1 - the annual inspection will only be done unannounced)  Yes No | |
| Do you want also a GRASP assessment (for certified farmers only)?  Yes No | |
| Please inform us about the total number of workers (at farm and PHU level) : | |
| Is there any activity conducted by subcontractors? Yes □ No □  If YES please mention all activities conducted by subcontractors: | |
|  | |
| Please attach the Trademark with which the products are labelled:  Do you assign BIOHELLAS the rights for registering your farm in GLOBALGAP database?  Yes No  To what extent do you want your information to be shared (apart of the ones that mandatory is required to be visible according to Data Access Rules of GLOBALGAP:   |  |  |  |  | | --- | --- | --- | --- | | **Market Participant Data Access**  (Put an X where you want your data to be visible by users) | | **Public Data Access**  (Put an X where you want your data to be visible by users) | | | Company contact information |  | Company address |  | | Company website (if available) |  | Company contact information |  | | Legal registration per country |  | Company website (if available) |  | | Location |  | Legal registration per country |  | | Contact name (responsible for legal entity) |  | Location |  | | Contact information (responsible for legal entity) |  | Contact name (responsible for legal entity) |  | | PHU/site contact information |  | Contact information (responsible for legal entity) |  | | PHU/site Location |  | Name of product handling unit (PHU)/site |  | | Products per PHU/site |  | PHU/site address |  | | Inspection/audit result |  | PHU/site contact information |  | | Checklist result including assessment data (for GRASP) |  | PHU/site Location |  | | Quantity data (only for GRASP: number of GRASP employees) |  | Products per PHU/site |  | |  |  | Quantity data (for crops: production surface, for CoC: amount in tons, GRASP: number of GRASP employees) |  | |  |  | Inspection/audit result |  | |  |  | Overall assessment result (for GRASP) |  | |  |  | Checklist result including assessment data (for GRASP) |  | | |

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| **ATTACHMENTS** (put an Χ ) | |
| Statute of legal entity |  |
| Trademark |  |

DECLARATION-COMMITMENT

I, the undersigned, hereby declare under my sole responsibility that:

* those reported in the present document are true and they represent my commitment for the conclusion of a contract between me and BIOHELLAS,
* In case of changes regarding crops and / or on the farm premises, I will inform BIOHELLAS immediately, and if I keep it in accordance with this document I will confirm it in writing on an annual basis,
* I know the requirements of the BIOHELLAS Certification Scheme, as specified in the current GLOBALGAP General Regulation, GLOBALGAP Standard or Specific Guidelines for Fruits and Vegetables, the GLOBALGAP Certification Regulation of BIOHELLAS, the applicable legislation (including the country of destination of the products), understand and comply with them,
* this application declares any parallel cultivation of the same species as well as parallel ownership in the post-harvesting unit,
* I undertake to pay the certification fees (including fees for GLOBALGAP) as described in the BIOHELLAS Certification Services Price List,
* I will provide BIOHELLAS with all the access and information required to evaluate the business.
* I accept BIOHELLAS to keep a record of my information and to let this information available to GLOBALGAP upon request.

**The applicant :**

**Date:**

**Do not fill below the line.This part is filled by BIOHELLAS:**

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| --- | --- |
| **1. Number of pages:** |  |
| **2. Protocol Number:** |  |
| **3. Delivery Date** |  |
| **4. Review:** |  |
| **5. Comments:** |  |