

	Form No.	AGF 002
	Version No.	2
	Controller	SM
	Effective	06/03/2024
	Issued by:	Scheme Manager
Application Form for GLOBALG.A. P Certification		


1	Name of the operator / Farmer group / company applying for certification:	
2	Address:	
	Farm Location:	P.O. Box :
	GPS Reading on farm physical address	
	Postal Code :	City:
	Email :	Country:
	Phone :	Fax : Mobile :
3	Legal status (Ownership of farm)	Registration number of company:
	Name and address of Holding company*: * If the applying company is a part of a holding company	
	Countries where the products are intended to be traded:	
4	Certification Contact Person Name:	
	Title:	
	Phone:	
	Email Address:	
	Financial Contact Person Name:	
	Title:	
	Phone:	
	Email Address:	
5	Scope applied for: (Tick the standard)	<input type="checkbox"/> GLOBALG.A. P option 1 Version 6 Smart (Fruit and Vegetables). <input type="checkbox"/> GLOBALG.A. P option 1 Version 6 GFS (Fruit and Vegetables). <input type="checkbox"/> GLOBALG.GAP option 2 Version 6 Smart (Fruit and Vegetables). <input type="checkbox"/> GLOBALG.A. P option 2 Version 6 GFS (Fruit and Vegetables). Add on <input type="checkbox"/> GRASP <input type="checkbox"/> PHU <input type="checkbox"/> Spring <input type="checkbox"/> local gap

	Form No.	AGF 002
	Version No.	2
	Controller	SM
	Effective	06/03/2024
	Issued by:	Scheme Manager
Application Form for GLOBALG.A. P Certification		


6.	Type of Service: Pre-inspection <input type="checkbox"/> Certification Audit <input type="checkbox"/>					
7.	<p>Has a self-assessment for option I or internal inspections for all producers under option II been done?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Please note that in case the self-assessment or internal inspection is not completed, the audit will be called off until these are done.</i></p>					
8	<p>Previous registration with another certification body for GLOBALG.A.P.? No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> (Provide previous GGN) (Provide previous Certificate no.).....</p> <p>(Name of Certification Body)</p> <p>Previous registration with Agri-Canaan Limited? No:</p> <p>Yes: <input type="checkbox"/> (Provide previous GGN (Provide previous Certificate no.)</p>					
9	Crops To Be Certified and Field/Plot Size and Location (for farmer group skip No. 9 go to 10)					
	Crop (common & scientific name)	Non-covered crops first harvest Plot/Field size (ha)	Non-covered crops further harvest Plot/Field size (ha)	Covered crops first harvest Plot/Field size (ha)	Covered crops further harvest Plot/Field size (ha)	Harvest exclusion (Refer to 9 below)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
10	For crops listed above or in the farmer register, indicate dates when harvest started, whether harvest is ongoing and when harvest will end for all certification options.					
	Crop	Date when harvest started dd-mm-yyyy	Is harvest on-going? (yes/no)	When is harvest likely to end? (Indicate date) dd-mm-yyyy		

	Form No.	AGF 002
	Version No.	2
	Controller	SM
	Effective	06/03/2024
	Issued by:	Scheme Manager
Application Form for GLOBALG.A. P Certification		


11	Harvest Exclusion																											
	<p>NB. Harvest exclusion is subject to conditions set by GLOBALG.A.P. Crop rules for plants part 2.2. The producer must apply for exclusion per product with detailed justification. The CB will give an approval of exclusion on case-by-case basis before the registration is approved. Check the boxes in the table above (section 8) for any product requiring harvest exclusion.</p>																											
12	Produce Handling Sites																											
	<p>N.B. produce handling is a mandatory part of the inspection where the following post-harvest activities are carried out: “sorting, packing, storage and transport ex farm, chemical treatments, trimming, washing or any other handling where the product may have physical contact with other materials or substances”. A temporarily or permanent collection/dispatch station and the ex-farm transport from farm/field to these units should be considered as produce handling.</p> <p><i>List the produce handling site(s)</i></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 40%;">Site <input type="checkbox"/> Infield <input type="checkbox"/> Facility</th> <th style="width: 60%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>If Produce Handling is done off-farm and by the same legal entity, fill below.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Site</th> <th style="width: 33%;">Location</th> <th style="width: 34%;">GGN (GLOBALG.A.P. Client No.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Site <input type="checkbox"/> Infield <input type="checkbox"/> Facility	Location													Site	Location	GGN (GLOBALG.A.P. Client No.)									
Site <input type="checkbox"/> Infield <input type="checkbox"/> Facility	Location																											
Site	Location	GGN (GLOBALG.A.P. Client No.)																										

	Form No.	AGF 002
	Version No.	2
	Controller	SM
	Effective	06/03/2024
	Issued by:	Scheme Manager
Application Form for GLOBALG.A. P Certification		

13	<p>If there is produce handling: Do you pack or handle products for other GLOBALG.A.P. certified producers Producers No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/></p> <p>If yes, provide GGN (GLOBALG.A.P. Client Number(s)).</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Producer</th> <th style="width: 50%;">GGN</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>Do you purchase products for NON GLOBAL GAP certified producers (Parallel ownership) No: <input type="checkbox"/> Yes: <input type="checkbox"/></p> <p>If yes you will be registered and audited against the applicable control points AF 13. (Traceability & Segregation).</p>			Producer	GGN																									
	Producer	GGN																												
<p>For a farmer group Please fill in the attached GlobalG.A.P. option 2 producer registration form.</p> <p>Sub-contracted Activities List all companies or persons that you have sub-contracted activities covered by the GLOBALG.A.P. General Regulations (GLOBALG.A.P. Option 2 QMS or any Technical responsibilities e.g. Crop protection product application).</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Company/person name</th> <th style="width: 33%;">Contact details</th> <th style="width: 34%;">Activity</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>For Leased production sites (or other) activity (or attach register)</p> <table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Name of farmer</th> <th style="width: 25%;">Location</th> <th style="width: 25%;">Size</th> <th style="width: 17%;">Crop</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Maximum Residue Levels (MRL) Sampling & Analysis done by: Self : <input type="checkbox"/> Second Party: <input type="checkbox"/> Third Party: <input type="checkbox"/>.</p>			Company/person name	Contact details	Activity										Name of farmer	Location	Size	Crop												
Company/person name	Contact details	Activity																												
Name of farmer	Location	Size	Crop																											

	Form No.	AGF 002
	Version No.	2
	Controller	SM
	Effective	06/03/2024
	Issued by:	Scheme Manager
Application Form for GLOBALG.A. P Certification		

14	<p>Parallel production (production of certified and non-certified products of the same species, but in different production units of the company):</p> <p>I apply for parallel production: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate the name and the address of each production unit for which certification is not requested:</p>
15	<p>Disclosure of information:</p> <p>For information on disclosure, please refer to the Sublicense & Certification Agreement (V4.0) part 8 attached and GR IFA GR I Version: V5.2_February 2019, Part 4.2.1</p> <p>Please Choose the different data release levels below:</p> <p>By ticking the levels below and by signing this document I agree that Agri-Canaan will treat information as described below.</p> <p><input type="checkbox"/> Level 1 (Minimum and obligatory level for all sub-scopes)</p> <p>a. The Company name, Current GGN and GLN (if available), Sub GLN's (if available), Previous GGN, registration no., scheme, version, option, CB, products and status, produce handling/processing declaration, number of producers (in Option 2), city, country of production and destination are available to the public. The Company address is Optional.</p> <p>b. GLOBALG.A.P., the certification body and trustee, which the producer or producer group is working with, can use all data in the GLOBALG.A.P. database for internal processes and sanctioning procedures.</p> <p><input type="checkbox"/> Level 2 In addition to Level 1, the producer or producer group's organization name, city and postal code are available to the public.</p> <p><input type="checkbox"/> Level 3 - Publication of all data (e.g. contact details, quantities, completed checklists) to public.</p> <p>NB: The client shall accept the basic level release at level 1</p>

	Form No.	AGF 002
	Version No.	2
	Controller	SM
	Effective	06/03/2024
	Issued by:	Scheme Manager
Application Form for GLOBALG.A. P Certification		

16	<p>Note: Operators applying for certification must have access to the applicable standards (this can be downloaded free of charge from www.globalgap.org Or obtained from the information pack from Agri-Canaan (delivery and printing cost charged to the client).</p>
----	---

Date:

Name (Authorised Signatory):

Signature: _____

Company stamp:

FOR Agri-Canaan'S USE ONLY:

Application reviewed and approved by:	
Date of final review and approval:	