

**Application Form**

This application form is designed to collect all the relevant information of your organization that GICIA India Pvt. Ltd. (GIPL) will need in order to determine the prerequisite scope of certification under the FSMS Certification.

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| **ORGANIZATIONAL INFORMATION** | |
| 1. **Contact Details:** | |
| First Name: | Last Name: |
| Designation: | Email: |
| Phone Number: | Mobile Number: |
| 1. **General Information:** | |
| Street: | City: |
| State: | Postal Code: |
| Country: | Website: |
| **Address of multi-site (with physical location, pin code, phone number & e-mail id), if any:** | |
| **Brief description of Organization:** | |
| **Legal Status of Organization:** (Mark ‘**X**’ the applicable) | |
| GMBH  NGO  LTD.  LLC  INC | |
| **Organization’s relationship with other enterprise (Parent co, Subsidiaries)** | |
| Name of Enterprise: | Corporate Relationship: |
| **Valid license/registration details issued by the relevant authorities/regulators along with scope, if any:** | |
| **Approximate Yearly Company Turnover:** | |

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| **SITE INFORMATION** | |
| **1. Scope of Certification/Standard Applied for:** |  |
| **2. Will the scope of this certificate include any outsourcers who will handle, store, or process any service on your part?**  YES NO | |
| If yes, please mention details of the outsourcer and activities outsourced: | |
| **3. Information about any judicial proceedings relating to its operations, any proceedings by any regulatory body or suspension/cancellation/withdrawal of any relevant approvals/ certifications under any regulations or otherwise:**  YES NO | |
| If Yes, please specify details here: | |
| Please mention the applicable regulatory requirements: | |
| **4. Is the organisation receiving any consultancy services to help you obtain this certification?**  YES NO | |
| If Yes, please mention the name & details: | |
| **5. Has the organisation previously held a FSMS Certificate?**  YES NO | |
| If Yes, please provide the detailed information: | |
| Name of the certification body: | Certificate Code: |
| Validity of Certificate: | Previous year audit reports with this application: |

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| **TECHNICAL INFORMATION** | | | |
| 1. **Human and Technical Resources** *(May attach organizational chart, if any)* | | | |
| Total number of employees: | | Number of shift(s): | |
| Number of employees (in each shift): | | Duration of each shift: | |
| Contact details of organisation representative: | | | |
| **If it’s multi-site, then please specify:** | | | |
| Site: | Number of employees: | | Number of shifts: |
| Contact details of representative: | | | |
| Site: | Number of employees: | | Number of shifts: |
| Contact details of representative: | | | |

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| **INFORMATION OF ON-SITE ACTIVITIES AND PROCESSES** |
| 1. **Description of the type of products/or services/ provided:** |
| 1. **Process lines and operations of the organization:** |
| 1. **Products processed/manufactured OR services provided:** |
| 1. **Seasonality dependence:** YES NO |
| If Yes, then please specify here: |
| 1. **Stages of the food chain (Direct/Indirect):** |
| 1. **No. of HACCP Studies:** |
| 1. **Critical Control Points (CCPs):** |
| 1. **(Operational) Prerequisite Programs, (O)PRPs:** |

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| **OTHER INFORMATION** | |
| **1. What factors contributed your interest in GIPL?** *(Mark ‘X’ the applicable)* | |
| Compliance | Strategy |
| Requirements | Others |
| **2. Would you like to seek information on any other services** *(Mark ‘X’ the applicable)* | |
| HACCP | Ayush |
| NPOP |  |

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| **AFFIRMATION** |
| I hereby confirm that all the information provided in this application form is authentic and honest to the best of my knowledge, and that I am validly authorized to sign this application. I agree to provide any information that is deemed necessary for the audit of the process and/or products to be certified. |
| Name:  Designation:  Signature:  Date: |

Please save this application and email to:

info@gicia.org

**Contact:** 01206758712/13

We will be in touch as soon as possible.

**Thank you for choosing GIPL**