

**APPLICATION FORM**

The application form is designed to collect all the relevant information of your organization that GICIA India Pvt. Ltd. (GIPL) will need to determine the prerequisite scope of certification under the Safeboards Certification Scheme (SBCS). All the information contained herein is considered confidential. No charges will be subjected until a separate work order is implemented.

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| **Section 1: Organization Information**  |
| **1.General Information** |
| Organization Name *(as it would appear on the contract):* |
| Street:       | City:       |
| State:       | Postal Code:       |
| Country:       | Website:       |
| Phone Number:       |
| Brief description of Organization:       |
| **2.Contact Person** |
| First Name:       | Last Name:       |
| Designation:       | Email:      Phone Number:       |
| **3.Organization Relationship with other enterprise *(Parent Co, Subsidiaries)*** |
| Enterprise Name:       | Corporate Relationship       |
| **4.Organization Legal Status *(Mark (X) the applicable)*** |
| [ ]  INC | [ ] LLC | [ ] GMBH | [ ] LTD | [ ]  NGO |
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| **Section 2: Type of Composite Wood manufactured: *(Mark (X) the applicable types)*** |
| [ ]  Plywood [ ]  Particleboards (PB)[ ]  Medium Density Fiberboard (MDF)[ ]  Oriented Strand Boards[ ]  Laminated Veneer Lumber[ ]  Blockboards[ ]  Flush Doors[ ]  Bamboo Based Composites |
| Remarks:       |
| Resin type used in your Product *(Mark (X) the applicable type):* |
| [ ] Contains Formaldehyde[ ] Ultra - Low Formaldehyde (ULEF) | [ ] No - Added Formaldehyde (NAF) |

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| **Section 3: Manufacturing Plant Facilities** |
| **Site 1** |
| Products manufactured in the plant: | 1.       |
| 2.       |
| 3.       |
| Types of operations performed: | 1.       |
| 2.       |
| 3.       |
| Street Address:       |
| City:       | State:       |
| Postal Code:       | Country:       |
| **Contact Person** |
| First Name:       | Last Name:       |
| Designation:       | Email:      Phone number:       |
| Does your mill have SAFEBOARDS-approved Quality Control testing facilities onsite? *(Mark (X) the applicable choice)* |
| [ ] Yes | [ ] No |
| If yes, which type?       |
| **Site: 2** |
| Products manufactured in the plant: | 1.       |
| 2.       |
| 3.       |
| Type of operations performed:   | 1.       |
| 2.       |
| 3.       |
| Street address: |
| City:       | State:       |
| Postal code:       | Country:       |
| **Contact person**  |
| First Name:       | Last Name:       |
| Designation:       | Email:      Phone:       |
| Does your mill have SAFEBOARDS-approved Quality Control testing facilities onsite? *(Mark (X) the applicable choice)* |
| [ ] Yes | [ ] No |

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| If yes, which type?       |

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| **Section 4: General Information** |  |
| **What factors contributed your interest in GIPL? *(Mark (X) the applicable)*** |
| [ ]  Compliance | [ ]  Strategy |
| [ ]  Customer interests | [ ]  Buyer requirement |
| [ ]  Supplier programs | [ ]  Others |
| **Would you like information on any of our other services? *(Mark (X) the applicable services)*** |
| [ ]  Timber Legality Assessment(Vriksh Certification, Vriksh Shipment Certification) | [ ]  Responsible forestry(PEFC, Chain of Custody, *etc*.) |
| [ ]  Environmental claims(CARB & EPA TSCA Title VI, Life Cycle Assessment, *etc*.) | [ ]  Sustainable services(Consulting, Supply Chain, Sustainability Metrics, *etc*.)  |
| **Section 5: Affirmation** |
| [ ]  I state that all the information provided here 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 or products to be certified. |
| Name:      Designation:      Signature:      Date:       |

Please save this application and email to:

anamika.ghosh@gicia.org

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Contact: 7290068701

We will be in touch as soon as possible.

**Thank you for choosing GIPL**