# Application Form for

#  Trees Outside Forest (TOF) Certification

*The information provided in this Application will help GIPL to determine eligibility and scope of service. No charges will be incurred, or work conducted until a Work Order is executed.*

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| **Section 1: Company/Organizational Information** |
| 1. **COMPANY INFORMATION**
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| Company Name (*as it would appear on a contract*):  | Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| State: Click or tap here to enter text. | City:Click or tap here to enter text. | Postal Code: Click or tap here to enter text. |
| Main Phone:  Click or tap here to enter text. |
| Website: Click or tap here to enter text. |
| Brief Company Description:  Click or tap here to enter text. |
| **2. PRIMARY CONTACT PERSON**   |
|  First Name: Click or tap here to enter text.  | Last Name: Click or tap here to enter text. | Designation: Click or tap here to enter text. |
|  Direct Phone: Click or tap here to enter text. |  Email: Click or tap here to enter text. |
| **3. COMPANY AFFILIATIONS WITH OTHER LEGAL ENTITIES *(parent co, subsidiaries)***   |
|  Company Name: Click or tap here to enter text. |  Corporate Relationship: Click or tap here to enter text. |
| Has the company worked with GIPL previously?  [ ]  Yes [ ]  No Which service, or services, did you use?  |

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| **4. COMPANY LEGAL STATUS *(E.g., Proprietorship, LLP., Pvt. Ltd., Ltd., NGO)***  |
| What is the legal status of your company? Click or tap here to enter text. |

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| **Section 2: Certification Information**   |
|  Types of services required: Click or tap here to enter text. |
| Standard(s) against which certification is desired: Click or tap here to enter text. |
| Desired time frame for certification assessment:  Click or tap here to enter text. |
| Desired time for award of certification: Click or tap here to enter text. |

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| **Section 3: Information about ToF Management Unit** |
| **Type of ToF** **resources ownership**   | [ ]  Private or community managed land[ ]  Government[ ]  Leased land[ ] Other (Please describe):  |
| **Type of ToF :**  | [ ]  Agroforests in block |
| [ ]  Agroforests in non-block like linear, isolated, scattered and bund trees |
| [ ] Urban trees and forests (UTF) including trees in parks, in avenues, etc. |
| **Total area under scope of certification (in hectares)**  | Click or tap here to enter text. |
| **Total number of Land Management Units (LMUs) under scope of certification** | Click or tap here to enter text. |
| **Harvesting and Travel Time**   | Annual Allowable Harvest from the area:  Click or tap here to enter text. |
| Travel time between respective areas (LMUs) *(Please send maps with this application, if operations are geographically complex):*  Click or tap here to enter text.  |
| **Location of Land Management Unit: (nearest major city):**   | Click or tap here to enter text. |
| **History of Plantation:**   Click or tap here to enter text. |
| **Year plantations established:** Click or tap here to enter text. |
| **Species under Scope of Certification:**  |
| **Other information, if any:** Click or tap here to enter text. |

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| **Do you purchase any Scheme certified material and pass that material on to the customer with claim?**    | [ ] Yes [ ] No If **yes**, please enlist activities involved: Click or tap here to enter text. |
| Are you planning to certify all, or part of area owned or managed by your organization?[ ]  Full [ ]  Part - please list the areas which are not under the scope of the audit and explain the reason for their exclusion and explain how certified and non-certified products will be kept separate in your system. [ ] Not applicable. It is farmer’s land and will keep on changing  |
| Outsourcing activities:[ ] Yes[ ]  No If yes, please provide detail of Activities: Click or tap here to enter text. |

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| **Section 4: General Information**    |
| **What factors contributed to your interest in GICIA India Pvt. Ltd. (GIPL) services?**   |
| [ ] Compliance Requirement [ ] Customer Interest  [ ] Supplier’s Requirement  |  | [ ]  Buyer Requirement [ ]  Other   |
| **Would you like information on other GIPL Services?**    |   |
| **How did you learn about GIPL? Who referred you to GIPL?**    |   |

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| **Section 5: Affirmation**  |   |
| I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified.  |
| **Name:**    | Click or tap here to enter text. |
| **Designation:**    | Click or tap here to enter text. |
| **Signature** (*electronic or typed accepted*):   | Click or tap here to enter text. |
| **Date:**    | Click or tap here to enter text. |

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| **Section 6. For GIPL personnel only**   |
| **Application Review status (accepted / not accepted / additional information requested):** Click or tap here to enter text. |
| **Name of Application Reviewer:** Click or tap here to enter text. |
| **Designation:** Click or tap here to enter text. |
| **Date:** Click or tap here to enter text. |
| **Application Number:** Click or tap here to enter text. |