

## 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.*

<b>Section 1: Company/Organizational Information</b>		
<b>1. COMPANY INFORMATION</b>		
Company Name <i>(as it would appear on a contract)</i> : <input style="width: 90%;" type="text"/>		
Address: <input style="width: 100%;" type="text"/>		
State: <input style="width: 90%;" type="text"/>	City: <input style="width: 90%;" type="text"/>	Postal Code: <input style="width: 90%;" type="text"/>
Main Phone: <input style="width: 90%;" type="text"/>		
Website: <input style="width: 90%;" type="text"/>		
Brief Company Description: <input style="width: 90%;" type="text"/>		
<b>2. PRIMARY CONTACT PERSON</b>		
First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>	Designation: <input style="width: 90%;" type="text"/>
Direct Phone: <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>	
<b>3. COMPANY AFFILIATIONS WITH OTHER LEGAL ENTITIES <i>(parent co, subsidiaries)</i></b>		
Company Name: <input style="width: 90%;" type="text"/>	Corporate Relationship: <input style="width: 90%;" type="text"/>	
Has the company worked with GIPL previously?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which service, or services, did you use?		
<b>4. COMPANY LEGAL STATUS <i>(E.g., Proprietorship, LLP., Pvt. Ltd., Ltd., NGO)</i></b>		
What is the legal status of your company?		

Click or tap here to enter text.

### 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.

### 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.

<b>Location of Land Management Unit: (nearest major city):</b>	Click or tap here to enter text.
<b>History of Plantation:</b> Click or tap here to enter text.	
<b>Year plantations established:</b> Click or tap here to enter text.	
<b>Species under Scope of Certification:</b>	
<b>Other information, if any:</b> Click or tap here to enter text.	

<b>Do you purchase any Scheme certified material and pass that material on to the customer with claim?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , 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? <input type="checkbox"/> Full <input type="checkbox"/> 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. <input type="checkbox"/> Not applicable. It is farmer's land and will keep on changing	
Outsourcing activities: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide detail of Activities: Click or tap here to enter text.	

<b>Section 4: General Information</b>	
<b>What factors contributed to your interest in GICIA India Pvt. Ltd. (GIPL) services?</b>	
<input type="checkbox"/> Compliance Requirement <input type="checkbox"/> Customer Interest	<input type="checkbox"/> Buyer Requirement <input type="checkbox"/> Other

<input type="checkbox"/> Supplier's Requirement	
<b>Would you like information on other GIPL Services?</b>	
<b>How did you learn about GIPL? Who referred you to GIPL?</b>	

<b>Section 5: Affirmation</b>	
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.	
<b>Name:</b>	Click or tap here to enter text.
<b>Designation:</b>	Click or tap here to enter text.
<b>Signature</b> ( <i>electronic or typed accepted</i> ):	Click or tap here to enter text.
<b>Date:</b>	Click or tap here to enter text.

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

**Application Number:** Click or tap here to enter text.