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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EFISC GTP Certification Application Form | | | | | | | | | | | | | | |
| Date: | |  | | | | |  | | | | | | | |
| Company Name: | |  | | | | | Number of full time employees who will be involved in EFISC GTP activities: | | | | |  | | |
| Address: | |  | | | | | Please give the details of any shift patterns on site: | | | | |  | | |
| Contact Name: | |  | | | | | Contact Position: | | | | | |  | |
| Telephone Number: | |  | | | | | Mobile No: | | | | | |  | |
| E-mail: | |  | | | | | VAT Number for non UK (EU Clients) | | | | | |  | |
| Deputy Contact Name: | |  | | | | | Deputy Contact Number: | | | | | |  | |
|  | | | | | | | | | | | | | | |
| Please give details of any other certifications held: | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Scope: (please give a brief description of the business activities). | | | | | | | | | | | | | | |
| Please confirm the number of HACCP plans linked to activities: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **STORAGE –** please give the details of any stores you would like to cover under the certification | | | | | | | | | | | | | | |
| Store Address | |  | | | Owned by the company ? | | | | Managed by the company ? | | | | | |
| Yes | | | No | Yes | | | | | No |
|  | | |  |  | | | | |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Store Address |  | Owned by the company ? | | Managed by the company ? | | | Yes | No | Yes | No | |  |  |  |  | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Store Address |  | Owned by the company ? | | Managed by the company ? | | | Yes | No | Yes | No | |  |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Store Address |  | Owned by the company ? | | Managed by the company ? | | | Yes | No | Yes | No | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| TRANSPORT - please give the details of any owned transport you would like to cover under the certification | | | | | | | | | | | | | | |
| Number of bulk trailers/tankers | | |  | | | Number of non bulk vehicles | | | |  | | | | |
|  | | | | | | | | | | | | | | |
| TRADE – please give details of any feed / food materials that you wish to trade under the certification | | | | | | | | | | | | | | |
| Food Materials | | |  | | | Food Materials | | | |  | | | | |
| Certificated Products – please list the certified products you wish to trade: | | | | | | | | | | | | | | |
| Gatekeepered Products – please give details of any traded feed or food materials which are supplied by a business that does not hold certification to a scheme recognised by EFISC GTP (for recognised schemes please see Annex 3 of the European Code 4.0 to good proactive for the collection, storage, trading and industrial manufacturing of safe feed/food materials - <https://www.efisc-gtp.eu/data/EFISC.GTP%20Code%20V4.0%2008.12.2020_C.pdf> ) | | | | | | | | | | | | | | |
| Type of feed material | Type of food material | | | Supplier | | | | | Origin (Country) | | | | | |
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| Please give details of any planned maintenance shut downs. Kiwa Agri Food must be kept informed of these to facilitate the unannounced audit programme. | | | | | | | | | | | | | | |
| Please confirm if any products are supplied to QS or FCA customers (this impacts on the unannounced audit programme). | | | | | | | | | | | | | | |
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| **Multi-site certification** | | | | | | | | | | | | | | |
| Is there a common management system across all sites? Please confirm which site this can be audited at. | | | | | | | | | | | | | | |
| Please confirm that all sites are audited by the head office site. | | | | | | | | | | | | | | |
| Please confirm that there is a formal agreement between the central office and the storage sites which ensures that sites implement corrective actions when needed at any storage site. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Please submit the following information with this application form:  1. Organisational chart  2. List of products traded  3. Site map  4. HACCP plan (s)  5. List of applicable regulations | | | | | | | | | | | | | | |
| Completed by: | | | | | | | | | Date | | | | | |

I wish to apply for certification to the EFISC GTP standard.

I understand that I must pay the audit/certification fee. Based on the information provided in this Application Form, Kiwa Agri Food will send a quotation with details of the audit/certification fee.

We expect you to be familiar with the relevant code(s) of practice (<http://www.efisc-gtp.eu/web/efisc_gtp_feed_food_ingredients_safety_certification/1011306087/list1023110705/f1.html>)

I expect to be ready for my Assessment during ……………………. (month/year)

Signed………………………………………………………               Date………………………………..

Does your organisation have a Modern Slavery Policy in place Y/N

Does your organisation have a Anti Bribery Policy in place Y/N

**Kiwa Agri Food Office Use Only:**

**Kiwa Agri Food Office Use Only:**

Application review outcome:

Accepted for audit ? Y / N

Signed…………………………………………………………… Date………………………………