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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 |
|  |  |  |  |
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| --- | --- | --- | --- |
| Store Address |  | Owned by the company ? | Managed by the company ? |
| Yes | No | Yes | No |
|  |  |  |  |

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| --- | --- | --- | --- |
| Store Address |  | Owned by the company ? | Managed by the company ? |
| Yes | No | Yes | No |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Store Address |  | Owned by the company ? | Managed by the company ? |
| Yes | No | Yes | No |
|  |  |  |  |

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| 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 traded3. Site map4. 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………………………………