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| FAMI-QS V6 and Feed Fraud Prevention & Defence ModuleCertification Application Form | | | | | | | | | |
| Date: | |  | | |  | | | | |
| Company Name: | |  | | | Number of full time employees who will be involved in FAMI QS activities: | | |  | |
| Correspondence Address: | |  | | | Please give the details of any shift patterns on site: | | |  | |
| Telephone Number: | |  | | | Mobile No: | | |  | |
| Contact Name: | |  | | | Contact Position: | | |  | |
| E-mail: | |  | | | VAT Number for non UK (EU Clients) | | |  | |
| Deputy Contact Name: | |  | | | Deputy Contact Number: | | |  | |
|  | | | | | | | | | |
| Please give details of any other certifications held: | |  | | | | | | | |
|  | | | | | | | | | |
| **Please submit your FAMI QS Scope Approval Spreadsheet along with this application which details the products you wish to include in the audit** | | | | | | | | | |
|  | | | | | | | | | |
| **RAW MATERIALS** – please confirm the number of raw materials which are sourced from an unassured supplier – details of the certification schemes that FAMI QS recognise can be found at: <https://www.fami-qs.org/famiqs/sites/default/files/files/Code%20V.6/P-MS-003_Recognized_Standards_V2_Rev2.pdf> | | | | | | | | | |
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| **TRADED PRODUCTS ONLY**  For details of the FAMI QS Process types please see: <http://www.fami-qs.org/code-6-0.html> | | | | | | | | | |
| Product name | Company name sold under | | Supplier Name | | | Does the supplier hold certification to a recognised scheme? \* | Please confirm the certification in place | | Production process |
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| Please confirm the Feed Chain Category Classification: | | | | | | | | | |
| DI - Products fed directly to the animal and / or delivered to the farm | | | | | |  | | | |
| K – Products not fed directly to animals and / or not sold directly to the farm | | | | | |  | | | |
| FI – Applicants trading their own products under their own brand | | | | | |  | | | |
| FII – Applicants trading products not produced by themselves under the manufacturers brand | | | | | |  | | | |
|  | | | | | | | | | |
| Do you subcontract any part of your production process to another business? If so please provide the businesses name, details on the activity performed and certification that the business holds. Please submit your audit report from this operation. | | | | | | | | | |
|  | | | | | | | | | |
| Please confirm which country these products are placed on the market in. | | | | | | | | | |
|  | | | | | | | | | |
| Please confirm the address from which the products are placed on the market. | | | | | | | | | |
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| Please confirm that the audit can be conducted in English: | | | | | | | | | |
|  | | | | | | | | | |
| Please give details of any planned maintenance shut downs. Kiwa Agri Food must be kept informed of these to facilitate the unannounced audit programme. | | | | | | | | | |
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|  | | | | | | | | | |
| Production site address: | |  | | | | | | | |
| Approximate size of site | |  | | | | | | | |
| Additional site addresses: | |  | | | | | | | |
| Approximate size of site | |  | | | | | | | |
| Activity at this address: Please confirm whether this site is managed under the same feed safety and quality management system as the main site. | |  | | | | | | | |
|  | | | | | | | | | |
| Completed by: | | | | Date | | | | | |

I wish to apply for certification to the FAMI QS Standard and the Feed Fraud Prevention and Defence Module.

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.

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

We expect you to be familiar with the relevant code(s) of practice (http://www.fami-qs.org/)

Signed                                               Position                                                      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:**

Application review outcome:

Accepted for audit ? Y / N

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