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| **SECTION 1: LEGAL ENTITY INFORMATION** | | | | | | | | | | | | | | | | | |
| Legal Entity Name: | | | | | | | | | | | | | | | | | |
| Registration Date: | | | | | | | | | | | Country of Registration: | | | | | | |
| Registration Certificate Number: | | | | | | | | | | | Attached Registration Certificate? | | | | | | |
| PIN/VAT Registration Number: | | | | | | | | | | | Attached PIN/VAT certificate? | | | | | | |
| **Authorised Signatory of the Legal Entity** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | Position: | | | | | | |
| Email: | | | | | | | | | | | Phone number: | | | | | | |
| **Primary Contact Person for this application** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | Position: | | | | | | |
| Email: | | | | | | | | | | | Phone number: | | | | | | |
| **Head Office Location of the Legal Entity** | | | | | | | | | | | | | | | | | |
| Physical Location: | | | | | | | | | | | Pin Location from Google Maps | | | | | | |
| Building: | | | | | | | | | | |
| Street Address: | | | | | | | | | | |
| Nearest Landmark: | | | | | | | | | | |
| P O Box: | | | | | | | | | | |
| Office Tel: | | | | | | | | | | |
| Office Email: | | | | | | | | | | |
| Website: | | | | | | | | | | |
| **Billing address if different from above:** | | | | | | | | | | | | | | | | | |
| Physical Location: | | | | | | | | | | | Pin Location from Google Maps | | | | | | |
| Building: | | | | | | | | | | |
| Street Address: | | | | | | | | | | |
| Nearest Landmark: | | | | | | | | | | |
| P O Box: | | | | | | | | | | |
| Office Tel: | | | | | | | | | | |
| Office Email: | | | | | | | | | | |
| Website: | | | | | | | | | | |
| Are you currently certified?  Yes  No  If no, have you ever been certified?  Yes  No  If yes, by which standard(s)?  Which products? | | | | | | | Certification Body?  Certification Scheme?  Scope and Sub Scope?  Certificate issue and expiry date?  Do you have a GGN?  Yes  No  *If yes, GGN: …………………………………* | | | | | | | | | | |
| **SECTION 2: CERTIFICATION OPTIONS** | | | | | | | | | | | | | | | | | |
| **Which standard(s) are you applying for certification against?**  KS 1758 Part I  KS 1`758 Part II  EHPEA  IFA V5.2  IFA. V6.0  IFA Chain of Custody | | | | | | | | | | | | | | | | | |
| **For IFA, which scopes and sub-scopes.**  Flowers and Ornamentals Fruits and Vegetables Plant Propagation Materials | | | | | | | | | | | | | | | | | |
| **Which certification options:**  Option I single site;  Option I Multisite with QMS;  Option I Multisite without QMS,  Option II | | | | | | | | | | | | | | | | | |
| For option 2 producers, please attach members register using RCA form F\_25A-1 | | | | | | | | | | | | | | | | | |
| **Which add Ons?**  GRASP;  SPRING;  IDA,  IDHL-GROW  Biodiversity | | | | | | | | | | | | | | | | | |
| **For COC Only.**  Option 1 – Individual Certification;  Option 1 – Single Sites;  Option 1 – Multisite.  Option 1 – Multisite for Retail Stores and Restaurant Chains in Franchise | | | | | | | | | | | | | | | | | |
| **Audit Option:**  A. Onsite Initial certification  B. Onsite Recertification  C. Remote Initial certification  D. Remote Recertification  E. Transfer of certificate (attach copy of current certificate)  Reason:  Cost  Service  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | F. Change in Scope – Addition of sites /Decrease of Scope  E. Change in Scope – Addition of products/services,  G. Upgrade  H. Upgrade from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify) | | | | | | | | | |
| For GlobalG.A.P. clients, do you wish to participate in the unannounced reward program (please refer to GlobalG.A.P. V5.2 General Regulation Part 1 (5.1.3)  Yes  No | | | | | | | | | | | | | | | | | |
| Audit frequency  12-months  24-months  36-months  Anticipated date of certification: | | | | | | | | | | | | | | | | | |
| What currency shall be used for the offer?  KES  USD  Other: \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **SECTION 3: PRODUCTION SITE INFORMATION** | | | | | | | | | | | | | | | | | |
| Production Site 1 | | County: | | | |  | | | | | | | | | | | |
| Sub-county: | | | |  | | | | | | | | | | | |
| Location: | | | |  | | | | | | | | | | | |
| Site ownership: | | | | Owned by applicant Leased from third party, if leased, attach lease agreement between site owner and legal entity to be certified. | | | | | | | | | | | |
| GPS Coordinates: | | Latitude \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” N/S Longitude \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | | | | | | | | | | | | | | | |
| Product(s)  (Refer to scheme product list) | No. of Ha | | Annual Harvest cycles? | | | Covered or non-covered? | | Parallel ownership?  (Y/N) | | | | Subcontracted activities?  (Y/N) | | | Harvest exclusion?  (Y/N) | | Produce handling exclusion?  (Y/N) |
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| Countries of Destination: | | | | | | | | | | | | | | | | | |
| **SECTION 3A: PRODUCE HANDLING INFORMATION:** | | | | | | | | | | | | | | | | | |
| **PRODUCE HANDLING** (*select one*) In-field  Facility (packhouse)  Both In-field and facility  Owned by applicant  Leased from third party facility  Processing Subcontracted to third party | | | | | | | | | | | | | | | | | |
| **If facility is in different location from the production site, leased or subcontracted, please provide for each facility:** | | | | | | | | | | | | | | | | | |
| Site Name: | | | | | | | | Street address: | | | | | | | | | |
| P.O BOX: | | | | | | | | Country: | | | | | | | | | |
| Nearest landmark: | | | | | | | |  | | | | | | | | | |
| Location: | | | | Sub-County: | | | | | | | | | County: | | | | |
| GPS Coordinates: Latitude \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” N/S Longitude \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | | | | | | | | | | | | | | | | | |
| Name of contact person: | | | | | | | | | Phone number: | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | |
| Sub-GLN(s) (if available, voluntary) | | | | | | | | | | | | | | | | | |
| If leased or subcontracted, please provide: | | | | | | | | | | | | | | | | | |
| Does the produce handling site handle the same product(s) for other producers?  YES NO | | | | | | | | | | | | | | | | | |
| **Product(s)** | | | | | **Producer name** | | | | | | | | | **Unique ID (e.g, GGN)** | | | |
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| **\*NOTE: GLOBAL GAP REGULATION:** In IFA certification when the PHU is subcontracted, and the producer still owns the product and product handling, product handling and the PHU is included in the scope of certification. In this case, the PHU shall be added to the IFA certificate annex. Where the subcontracted PHU has PHA certification, the subcontracted PHU shall **still** be included in the IFA certificate’s annex. | | | | | | | | | | | | | | | | | |
| For Subcontracted activities, please provide the following details:   |  |  |  |  | | --- | --- | --- | --- | | List of subcontracted activities | Name of Subcontractor | Email | telephone number | |  |  |  |  | |  |  |  |  | | | | | | | | | | | | | | | | | | |
| **SECTION 3B: INFORMATION ABOUT ORGANISATION** | | | | | | | | | | | | | | | | | |
| **MAIN PROCESSES:** (Please indicate your main department or sections e.g. seedling’s production, Propagation, Production, Post-harvest handling, Grading and packing, Marketing and Selling, Logistics ): | | | | | | | | | | | | | | | | | |
| **BRIEF DESCRIPTION OF PRODUCT LINES AND/OR SERVICES PROVIDED TO YOUR CUSTOMER:** (e.g., Prepacked, Prepared Beans, etc.) | | | | | | | | | | | | | | | | | |
| **MATERIALS AND EQUIPMENTS:** (Please provide details of materials and equipment’s located at your premises e.g., chemicals, computers, heating oil, paper, tractors, Lathes, etc) | | | | | | | | | | | | | | | | | |
| **LEGAL/REGULATORY REQUIREMENTS:** (Please provide details there are legal/regulatory requirements relevant to the scope of the certification (i.e., National Environmental, Health & Safety, etc. regulations)?) | | | | | | | | | | | | | | | | | |
| **SECURITY CLEARANCE:** Are any of the sites to be covered by the certification subject to any legal/regulatory requirement that would require the auditors (whether national or foreign) to hold any specific security clearance?  YES NO  If Yes: please provide specific details: | | | | | | | | | | | | | | | | | |
| **EMPLOYEE DETAILS:** | | | | | | | | | | | | | | | | | |
| Total number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  % Of employees living in accommodation provided by the company (if applicable): \_\_\_\_\_\_\_\_ %  Nationalities of employees: | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Departments | Permanent | | Temporary | | Agency | | Cross-border migrants | Total | | Local | Migrants | Local | Migrants | Local | Migrant | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | Total |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | |
| **For multisite audits, Section 3 should be repeated for each site and attached as an Annex to the application form.** | | | | | | | | | | | | | | | | | |
| **SECTION 4: ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | |
| Please provide any additional information that could help us have a better understanding of your organization. | | | | | | | | | | | | | | | | | |
| **SECTION 5: GENERAL** | | | | | | | | | | | | | | | | | |
| Have you used a consultant?   Yes  No If Yes, whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who certified the consultant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you using for other services?  Yes   No; If Yes, where/which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| How did you hear about?  Another Company  Consultant  Magazine  Seminar/Webinar  Direct Mail  Website/Search Engine Trade Show  Sales Call  Other (please specify): | | | | | | | | | | | | | | | | | |
| Form Completed By: | | | | | | | | | | Position: | | | | | | Date: | |
| **SECTION 6: AUTHORIZATION AND DATA ACCESS AGREEMENT** | | | | | | | | | | | | | | | | | |
| I/We **agree**/**disagree** (*delete appropriately*) that my/our data (name and address) be made accessible to the public in the following databases: (tick as appropriate)  GlobalG.A.P. database, as per the GlobalG.A.P. Data Access Rules.  (Others to be specified)  **Name of authorized person:**  **Designation/Job Title:**  **Signature:**  **Company Stamp:** | | | | | | | | | | | | | | | | | |

**Annex 1: List of types of documents to be reviewed during the audit.**

1. Site map with details of all production units, which also identifies location of water sources, water storage facilities, produce handling facilities, production sites, plant protection products stores, fertilizer stores, workshop, offices among others.
2. Site production plan for last 12 months and production records per block / plot where electronically maintained.
3. Valid risk assessment of all production sites and attendant risk management plan with records of risk management activities implemented in last 12 months.
4. Inventory of all records maintained by site and how frequently they are updated (e.g., daily, weekly, bi-weekly, monthly, quarterly, etc)
5. Internal Audit Report for the site with evidence of how non compliances detected during internal audit have been closed and which ones are still outstanding.
6. Hygiene Risk Assessment, Hygiene procedures and all hygiene visual signage used on site.
7. Hygiene training records indicating participants, training content, contact time, trainer, training manuals and photos of training session (if available)
8. Health and Safety risk assessment, management procedures / operating procedures, and accident emergency procedures and records.
9. Health and safety audit report of facility
10. Health and Safety training records including induction training records of new employees
11. Names and training records of all workers involved in hazardous work, including pesticide application, working in cold temperatures among others.
12. List of all workers involved in application of plant protection products.
13. List of approved crop protection products including all products stored and used on farm.
14. List of all supplies stocked in first aid kits, refill procedures and records of refills
15. Register of PPEs used on farm and issuance records for last 12 months
16. Job Description of Health and Safety Management Representative
17. Schedule of Health and Safety Committee meetings, Minutes Committee meetings and evidence of committee training.
18. List of all subcontractors and evidence of their compliance to AF 5.1
19. Inventory of possible waste products generated on site and the waste management plan in place including records of waste disposal and recycling.
20. Disposal certificates, delivery notes and invoices for all hazardous materials.
21. Wildlife management and conservation plan with baseline data and activities implemented to enhance flora and fauna conservation.
22. Complaint’s procedure and records
23. Product recall and withdrawal procedure and evidence of testing the procedure.
24. Food defence risk assessment
25. Mass balance records for last 12 months (includes harvesting records, stock records, processing records, dispatch records and waste records)
26. Food fraud vulnerability and risk assessment and mitigation plan.

**Annex 2**

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| **Amendment Record Sheet** | | | | | | | | | | | |
| Amd. No. | Clause No. | Date of amendment | Page No. | Present | | Amended | | Nature of change | Reason for the amendment | Sign. |
| Issue No. | Rev. No. | Issue Year. | Ver. No. |  |  |  |
| *1* | *All* | *Mar-2019* | *All* | *2* | *1* | *2019* |  | *Major* | *New combined management system* | *JG* |
| *2* | *All* | *Feb-2022* | *All* | *02* | *02* | *2022* | *01* | *Minor* | *Review of document to align to ISO 17021:2015 and FSMS for purposes of accreditation* | *JG* |
| *3* | *3G* | *6/07* | *4* | *1* | *03* | *2022* | *1* | *Minor* | *Inclusion of Food Safety Management section* | *JG* |
| *4* | *All* | *Nov-22* | *All* | *01* | *04* | *2002* | *03* | *Major* | *Change of management system from version 2 to version 3 to conform to procedure of document control* | *JG* |
| *5* | *All* | *May -23* | *All* |  | *05* | *2023* | *03* | *Major* | *Update application form to align with GlobalG.A.P. V6.0 Smart.*  *Add requirements for KS 1758 and IFA Chain of Custody standards.*  *Separate of application form into management system and product certification* | *JG* |
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| **Note: -**   1. All pages of this Management System Manual are based on current version (Issue & revision No.) 2. To check the validity of the complete Management System Manual, confirm status of this page with Managing Director and crosscheck with sheets changed. | | | | | | | | | | | |