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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client name: (trade/farm name) | |  | | | | | | **Office** Reg No. | |  | |
|  | Office | | | | Farm-1 | | | | Farm-2 | | |
| Address of Trading:-  Note:- add more cells if required |  | | | |  | | | |  | | |
| Contact person name and mobile |  | | | |  | | | |  | | |
| Distance between sites in Km |  | | | |  | | | |  | | |
| **Livestock/Poultry/Product requested for Certification:-** | | | | | | | | | | | |
| Animal/Breed Name | | | Number | Fodder/Feed Name | | Area (Ha) | Product Name | | | | Quantity (MT) |
|  | | |  |  | |  |  | | | |  |
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|  | | |  |  | |  |  | | | |  |
| Do you sub-contract any operation relevant to this operation? If yes give the details ☐Yes ☐No | | | | | | | | | | | |
| Farm map/livestock or poultry shed map/facility map including storage map of all the relevant to this operation is attached ☐Yes ☐No  Note:- If above maps are not attached application will not be processed | | | | | | | | | | | |
| Brief about the methods and materials used for the packing of products (if any) ☐ N/A | | | | | | | | | | | |
| If any labels are used on products whether the labels are approved ☐Yes ☐No ☐ N/A  If yes by whom?  Note:- Labels claiming Organic shall only be used after approval from CB. | | | | | | | | | | | |

**Declaration:**

The information provided in this form is complete and true to the best of my knowledge and have the age and authority to sign this document

Signature: Place:

Name: Date: