|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client name: (Group Name) | |  | | | **Office** Reg No. | |  |
|  | ICS Office | | Local office-1 (if any) | | | Local office-2 (if any) | |
| Address of Offices:-  Note:- add more cells if required |  | |  | | |  | |
| Contact person name; mobile |  | |  | | |  | |
| Distance between Locations in Km |  | |  | | |  | |
| If ICS is being run by contracted external service provider /mandator /trader , then provide the details of the contractor | | | |  | | | |
| Location at which all documents are kept and can be verified by FairCert | | | |  | | | |
| Total number of farmers in the group | | | |  | | | |
| Total number of farmers having area equal or more than 4 Ha | | | |  | | | |
| Total Area of the production under the group | | | |  | | | |
| Number of inspector used by the group | | | |  | | | |
| Number of technical officers/advisors used by group | | | |  | | | |
| Average distance between different villages of the members of the group | | | |  | | | |
| Do group sub-contract any other operation (Pest Control, Harvesting etc)  If yes give the details ☐Yes ☐No | | | | | | | |
| If any labels are used on products whether the labels are approved ☐Yes ☐ No ☐ N/A  If yes by whom?  Attached copy of all labels used ☐Yes ☐ No ☐ N/A  ***Note: - Labels claiming Organic, can only be used after approval from CB.*** | | | | | | | |
| **FMO01-04A-Annexure Grower Group** to be completed and provided in soft form ☐ Yes ☐ No  **FMO22-04-Organic Plan Grower Group & FMO22-01-Organic Plan Crop Production** or \*Organic plan made by the group has to be completed and attached with this application ☐ Yes ☐ No  ***Note: - the excel document contains 3 sheets and all relevant sheets to be filled in completely*** | | | | | | | |
| An overview map (village or community map) showing location of each member’s production unit is attached. The map should indicate the crops cultivated in rotation and also mark any farm in an area, which could be identified as high risk due to drift from non-conventional farms. ☐ Yes ☐ No | | | | | | | |

*Note: - Application will not be processed if FMO58*; \*(FMO22-04& FMO22-01) *is not attached.*

**Declaration:**

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

Signature: Place:

Name: Date: