

**APPLICATION FORM FOR PROCESSOR**

Affix  
Passport  
size Photo  
of

1.	<b>Name &amp; Address of the processor</b>	Name : Village : Taluk/Mandal: District : State : Pin code : Aadhaar No. : PAN No. : Phone Number : Email.ID :
2.	Legal status	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Society <input type="checkbox"/> Non Governmental Organization (NGO) <input type="checkbox"/> Limited Company <input type="checkbox"/> Others_____
3.	<b>Details of Responsible person</b>	
	Name: Designation: Contact No.:	

4. Standards for which you wish to become certified  NPOP
5. Do you have a copy of NPOP standards  Yes  No
- Did you apply for certification earlier
6. (If yes; mention the name of Certification body (CB) and  Yes  No  
 enclose a copy of the last certificate and related documents)
- Type of processing unit .....
7. No. of Units:  
 Address of processing units  
 Route map to the processing units.....

8. What are the processed products?

1.	
2.	
3.	
4.	

9. Please mention the name of the brand

10. Please mention about packaging

APSOPCA/ 01.c Application form for Processor	Revision number: 01
	Revision date : 07.02.2023

11. Please attach sample packaging bag

**Declaration**

I declare that, the above given Information on this form is true to the best of my knowledge. I agree to provide further information as required by the APSOPCA.

Date:

Place:

Name of the operator:

**Enclosures:**

1. 1 B Land Revenue document (Xerox copy)
2. Aadhaar card (Xerox copy)
3. PAN (Xerox copy)
4. Route map to the processing unit
5. Organic system plan (OSP)
6. Lease agreement /self declaration
7. Legal document for ownership/Partnership
8. Manuals with organization structure
9. Flow chart of the procedure
10. The list of ingredients
11. Source of raw materials
12. Materials Safety Data Sheet (MSDS)
13. FSSAI Certificate

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**For Office use only**

1. Date of receipt :
2. Registration No. allotted :
3. Allotted to Organic inspector :
4. Verified by \_\_\_\_\_

Signature of Registration officer

Signature of Quality manager