

Affix Passport size
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**APPLICATION FORM FOR TRADER**

1.	<b>Name &amp; Address of the Company / Trader</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.	Number of employees:	
4.	Establishment year of companies :	
5.	Government permits/licenses (FSSAI no./ IE code no. & validity)	
6.	Details of Responsible person	
	Name:	
	Designation:	
	Contact No.:	

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

11. Mention the products traded.

1.	
2.	
3.	
4.	

12. List if equipment/machinery

APSOPCA/ 01.d Application form for Trader	Revision number: 01
	Revision date : 07.02.2023

**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:

**Signature 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 unit
5. Organic system plan (OSP)
6. Legal document for ownership/Partnership
7. Quality manual
8. Test report (if any)
9. Registration certificate with government department
10. Flow chart of the procedure
11. The list of ingredients
12. Source of raw materials
13. Materials Safety Data Sheet (MSDS)

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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 Evaluator

Signature of Quality manager