

Renewal application form for Input Approval

Affix Recent
Photograph
of Contact
Person

Section 1: General Information				
Company Name:				
Address				
Pin				
Phone				
Fax				
Name of Contact Person				
E-mail				
Mobile				
No. of production units for input manufacturing:				
Location of these production units:				
Section 2: Information on the inputs				
Please list all products for approval:				
Sl. No.	Product Name	Type of input	Solid /Liquid/G ranules	Remarks
1		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
2		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
3		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
4		<input type="checkbox"/> Fertilizer <input type="checkbox"/> soil conditioner <input type="checkbox"/> Pesticide <input type="checkbox"/> Repellent <input type="checkbox"/> Other:_____		
Additional sheet/s may be used if required				
If your product has been registered under government regulation, please provide the registration number:				
Product Name		Registration No		

Do you have any subcontracted service: If yes, please list all companies (along with address) that further process/ package your products		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Contract/Subcontractor	Contract/Subcontracted Service		
Documents need to submit along with application			
Document	Yes	No	Remarks
Complete list of Ingredients (including sources)			
Government Registration Documents.			
Chemical Analysis Report.			
Contract with Subcontractor			
Site Maps			
Flow Chart for Processing			
Receipt / Invoice of all Ingredient			
Receipt/bill of all Sold Product			
Sample of all Packaging Materials			
Import Certificates for the Imported Products			
Non GM declaration for the crops requested for certification			
Declaration of the manager/Operator:			
The signatory declares that –			
<ul style="list-style-type: none"> • I agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified • The information given in this application form is true, changes or deviations from the given information will be immediately communicated to APSOPCA. 			
Place :	Signature		
Date :			