CAUCASCERT LLC	2018/848 Application Production	Code GC/DM/APL/PRO-3.1.1

1. Name, Surname / Company Name:				
Please indicate the ID or VAT number				
Address, Zip Code and Town:	Phone:			
	E-mail:			
	E-man.			
Contact Person in Charge of the Project:				
Contact i ci son in chai ge of the i roject.				
Address, Zip Code and Town	Phone:			
	E-mail:			
Please list all dba's (doing business as) and brand names:				
2. Prior Certification Information and Conventional I	Production			
Do you produce conventional products or organic products under reg		nis application on your		
farm? Yes $\square$ No $\square$	summer under under uppry for in u	no apprication on yo a		
If yes, please indicate the approximate percentage for each category				
Conventional: 2018/848: Other:				
Has the encyption even and is for encoding and the start	• According to which we way			
Has the operation ever applied for organic certification	<ul> <li>According to which norm:</li> <li>Veor(a) of Amplication:</li> </ul>			
according to 2018/848 or other standard? YES  No  No	<ul><li>Year(s) of Application:</li><li>Outcome of submission, including</li></ul>	a if appropriate copies of		
If yes, please provide the following:	any notifications of noncomplia			
<ul> <li>Name(s) of Certifying Agent(s):</li> </ul>	certification			
- Name(s) of Certifying Agent(s).	Please provide a description and evi	dence (copies of letters		
	from the certification agent etc.) of a			
	implemented.	an corrective measures		
3. Scope of Certification				
CERTIFICATION ACCORDING TO W	HICH STANDARD IS REQUEST			
		ED: OTHER 🗖		
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Prepared: ZN	Revised: DB	Approved by: QM	Non-	Edition 8	Pages:
Date: 28.03.07	Date: 08.01.2025	Date: 08.01.2025	Confidential		1 of 3

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5.5 S	<b>5.6 Project Infrastructure</b> (please describe the complete chain of facilities including packing and exporting units).					
	5.7 Accessibility and distances and travel times between individual facilities/units/land plots5.8 Export Unit Address (if different from main facility)					
	•					
I con	firm that I am aware of public information, which is availa	ble on certification body web site <u>www.caucascert.ge</u> or				
is av	ailable upon request.					
	applicant for the above mentioned facility (facilities), dec ling and processing of organic products according to the 20					
Signa	ture of Operator Name and Title	Date				
	For certification use only (application	nts to not interfere part below)				
	Review traceabil	ity recording				
6.1	For transitioning from other CB:					
6.2	Please describe the reason for changing the CB, if any:         6.2       NCs from pervious CB obtained □ via Applicant □ via CB □, at which date:					
	Communication with CB was possible to establish $\Box$ , at	which date:				
7	7 Standard and scope requested is in line with CB competence  Yes  No  comments					
8	8 Is there any conflict of interest with applicant detected by CB, which makes impossible acceptance of application No Ves					
Any comment:						
9	Additional checks, add dates and identify checks:					
10	Review staff personnel and date (fill in to the right as many times as review was					
	conducted):					
11	<b>Decision on application if negative or conditional</b> (to the right) and add date.	Date: Denial				
		Reason:				
12	Application accepted by Caucascert Ltd	□ Yes □ No				
		□ Accepted conditional □ Additional information □ Additional actions from applicant □ corrective actions from				

Prepared: ZN	Revised: DB	Approved by: QM	Non-	Edition 8	Pages:
Date: 28.03.07	Date: 08.01.2025	Date: 08.01.2025	Confidential		2 of 3

		applicant Due date for conditional (see above):	
 Signature	Name, Title	Date	

Prepared: ZN	Revised: DB	Approved by: QM	Non-	Edition 8	Pages:
Date: 28.03.07	Date: 08.01.2025	Date: 08.01.2025	Confidential		3 of 3