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| Caucascert Ltd | NOP and GC/EU Application Processing & Handling and Wild | Code GC/DM/APL/HAN-3.1.2 NOP-EU -APP-PRO-HAN 001-28052007 |
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Note to Applicants: this form should be used for both processing/handling and wild crops. In case if you are not involved in harvesting of wild crops for your further processing activities, please do not fill in the table 5.3

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|--|--|--|--|-------------|------------------|
| 1. Name of Applicant: <i>Please indicate the ID or VAT number</i> | | | | | |
| Address: | | Phone: | | | |
| Zip Code and Town: | | E-mail: | | | |
| 2. Name of Operation or Business name: | | | | | |
| Address: | | Phone: | | | |
| Zip Code and Town: | | E-mail: | | | |
| Name of and Contact information of Person in Charge of Organic Management: | | | | | |
| Address: | | Phone: | | | |
| Zip Code and Town: | | E-mail: | | | |
| Please list all dba's (doing business as) and brand names: | | | | | |
| Do you process conventional products or organic products under regulations other than you apply for in this application in your facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the approximate percentage for each category: Conventional: NOP: GC/EU: | | | | | |
| Has the operation ever applied for organic certification according to NOP or GC, equivalent EU 834/2007, 889/2008? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: Name(s) of Certifying Agent(s): | | <ul style="list-style-type: none"> ▪ According to which norm: ▪ Year(s) of Application: ▪ Outcome of submission, including, if appropriate, copies of any notifications of noncompliance or denial of certification Please provide a description and evidence (copies of letters from the certification agent etc.) of all corrective measures implemented. | | | |
| 3. Scope of Certification | | | | | |
| CERTIFICATION ACCORDING TO WHICH STANDARD IS REQUESTED? | | | | | |
| GC, EQUIVALENT EU-REGULATION <input type="checkbox"/> | | USDA-NOP-FINAL RULE <input type="checkbox"/> | ONLY NATIONAL <input type="checkbox"/> | | |
| 4. Products for Certification Please list all products to be certified (according to which norm). Be as specific as possible. | | | | | |
| 1. | | Expected amount to be certified: | | | |
| 2. | | Expected amount to be certified: | | | |
| 3. | | Expected amount to be certified: | | | |
| 4. | | Expected amount to be certified: | | | |
| 5. | | Expected amount to be certified: | | | |
| 6. | | Expected amount to be certified: | | | |
| 7. | | Expected amount to be certified: | | | |
| Prepared by: N. Darbinyan/wf Date: 28.05.07 | Revised by: ND, EP Date: 24.08.2021 NOP: ND, EP date: 24.08.2021 | Approved by: QM Date: 24.08.2021 NOP: QM, date: 24.08.2021 | Non-Confidential | Edition 007 | Pages: 1 of 3 |

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| Any comment: | |
| Additional checks, add dates and identify checks: | |
| Review staff personnel and date <i>(fill in to the right as many times as review was conducted):</i> | |
| Decision on application if negative or conditional <i>(to the right) and add date.</i> | Date: Denial <input type="checkbox"/> Reason: |
| Application accepted by Caucascert Ltd | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accepted conditional <input type="checkbox"/> Additional information <input type="checkbox"/> Additional actions from applicant <input type="checkbox"/> corrective actions from applicant Due date for conditional (see above): |
| _____ | _____ |
| Signature | Name, Title |
| | Date |

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| Prepared by: N. Darbinyan/wf Date: 28.05.07 | Revised by: ND, EP Date: 24.08.2021 NOP: ND, EP date: 24.08.2021 | Approved by: QM Date: 24.08.2021 NOP: QM, date: 24.08.2021 | Non-Confidential | Edition 007 | Pages: 3 of 3 |
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