# APPLICATION FORM FOR FRIEND OF THE SEA

# FOS Wild, FOS Aqua-Shellfish/Inland/Marine, FOS CoC, FF, FO, FM and Omega-3 AUDIT and CERTIFICATION by PT. PCU Indonesia

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| **NAME OF COMPANY APPLYING AND LEGAL STATUS**  (please use full name of company with e.g. PT. CV. Ltd., Inc, SAC, SA, SARL, BV, Kft.) | ADDRESS OF COMPANY (Street, post code, town, province, country, P.O. Box) |
| COMPANY’S LEGAL REPRESENTATIVE (name of person and function) | **COMPANY’S CONTACT PERSON**  (complete if different from Legal Representative) |
| TELEPHONE / FAX NUMBER | **E-mail (and/or Website)** |
| Annual Revenue in EURO | **Company Requesting the Audit if different**  (This is the company that will **own the certificate**. Please provide name and address) |
| GLOBALG.A.P. / ASC/ MSC/ FOS certified (Please enter your certified number. If not, please insert NA) | **VAT/TAXATION NUMBER/ COMPANY REGISTRATION NUMBER:**  (in country of registration)  **(please attach the scan of document)** |

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| I am applying for audit and certification of the following certification programmes run by PCU, one or more options may be checked: Our company is applying for : *(Please choose one or multiple)*  |  |  | | --- | --- | |  | **FOS Wild** | |  | **FOS Aqua (Marine/Inland/Shellfish)** | |  | **FOS Chain of Custody (FOS CoC-Fish Feed/ Fish Oil/ Fish Meal/ Omega-3)** |  |  |  | | --- | --- | |  | Our company is **applying for the first time** | |  | Our company wishes to **indicate changes/update information** to our existing project(s) | |  | Our company is **already certified and wants to transfer** | |  | Our company is **applying for renewal certification** |   Applying for additional services:   |  |  | | --- | --- | |  | **Pre-scoping** This visit gives you the opportunity to detect all insufficiencies before the first audit. | |

**1. Scope of registration: describe below your business activity to be audited and certified:**

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| If applicable detail any design work undertaken. |

**2. Brand & description of products to be certified:**

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| Please provide a short description or list of the brands / products aiming for certification |

**3. Species Common and Scientific Name/s\*:**

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**4. Exclusion from the scope (if any)**

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**5. Production / distribution chain\*:**

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| Please specify your Company's role in the production chain by selecting the specific role/s | | |
| **Aquaculture**  Hatchery  Bloodstock / Seedling  Aquaculture Site  Processor  Importer  Exporter  Distributor  Other | **Fishery**  Ship Owner  Pre Processing  End Processing  Broker  Importer  Exporter  Distributor  Other (please describe): | **Omega3**  Producer  Distributor |
| **Fish meal**  Producer  Distributor | **Fish oil**  Producer  Distributor | **Fish feed**  Producer  Distributor |
| **Krill oil**  Producer  Distributor | **Retailer** |  |

**6. Production Sites**

**6a. Farm Sites Addresses (**Applicable only for FOS Aqua Shellfish/Inland/Marine)

List full addresses of Farm Sites. Insert NA if not applicable

| **No** | **Name of unit** | **Owner/ Subcontracted** | **Total Area (Ha)** | **Location & Address**  (Detail the location with GPS coordinates)  A satellite image or map were the location of the unit(s) is described Should be attached. | **Production system** (i.e. cages, ponds, tanks, beds, raceways etc) | **Changed, added or withdrawn**  (if applicable) | **Species** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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|  | *Add if necessary* |  |  |  |  |  |  |
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**6b. List of Other Hatcheries Addresses:** (Applicable only for FOS Aqua)

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| List full addresses of hatchery sites. Insert NA if not applicable |

**6c. Fishing Areas** (Applicable only for FOS Wild)

List full addresses of Fishing Area. Insert NA if not applicable

| **NO** | **Vessel name** | **Reg. Number & Country flag** | **Fishing Area** (ICES, FAO or other) | **Fishing method** (Purse Seine, Middle or Bottom Trawl, Pole and Line, Dredge, Troll, or other) | **Ship owner name**  **(owner/ Subcontracted)** | **Harbours/ Ports of Offload** | **Species** |
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|  | *Add if necessary* |  |  |  |  |  |  |

**7. Processing Units**

List full of processing unit in role in the production chain with its activities (it will be mentioned in the certificate), including the central administration office. If it concerns changes mention all the units and indicate which one is changed, added or withdrawn. This includes any subcontracted units that may be used.

(\*)Activities: Please select between: Distribution, harvest, packing or repacking, processing, contract processing, use of contract processor, storage, trading fish (buying/selling), transportation, wholesale, other-describe.

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| **No** | **Name of Unit** | **Address** | **Process(es) /activity (\*)Activities** | **Owner/ Subcontracted** | **changed, added or withdrawn** |
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**8. Certified Supplier Contact and Address:**

Input name of supplier that supply FOS certified raw material to the Company, if any. Please attach the certificate and mention its validity.

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| **No** | **Name of supplier** | **Certificate number** | **Species Common and Scientific Name/s** | **Address and contact** |
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**9. Broker / Trader supplier Contact and Address:**

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| Input Contact and Address of Broker/trader supplying company, if any. |

**10. Other Notes you might want to add:**

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| Please provide here additional information you might deem relevant, including fishing season if any |

**11. Stakeholders** (Applicable for FOS Wild)

Please make a list of all your potential stakeholders. PCU office will invited them to participate in the initial audit. (NGO, neighbour, governmental authorities, veterinary authority, environmental authority, etc)

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| **Type of stakeholder** | **Name/ Contact person** | **Address** | **Email** | **Phone number** |
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| Others (add extra rows): |  |  |  |  |

**12. Has the operation/project and any farmers of it ever been registered, audited or certified before by another Certification Body (CB)?**

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| **IF YES, PLEASE MENTION** | |
| The name of the certification body |  |
| The previous registration number |  |
| Validity of the certificate |  |
| Reason of changing certification body (CB) |  |
| Contact person of the certifier |  |

The INFOPACK can be downloaded on our website <https://cucpublications.controlunion.com/Publications.aspx> “Friend of The Sea Standard”.

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| **APPLICANT DECLARATION** | | |
| **Undersigned declares to have completed this Application Form truthfully.** | | |
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| Name | : |  |
|  |  |  |
| Position | : |  |
|  |  |  |
| Signature | : | *(e-signature, online signature is accepted)* |
|  |  |  |
| Date | : |  |

***Based on the above information, Control Union will draw up a no-obligation offer for a contract.***