Logo of the competent authority

Initial Application to market in the EU organic products from third Countries according to

Ref. No.		

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Article 19 of Regulation (EC) No. 1235/2008

IMPORTANT

- Before you start to complete this form, please read the Notes for Guidance carefully.
- Please complete this form by a computer or use block letters and black ink
- Send the completed form, together with **all** the required supporting documentation to [COMPETENT AUTHORITY].

A EU-Operations

•	If you write your address on the slip below, it will be returned to you stamped and dated as
	an acknowledgement of your application. If you
	do not receive acknowledgement within 10
	working days of sending off your form, please
	contact [COMPETENT AUTHORITY]

Section 1 – Details of the importer

1.	Company name		
	Full postal address		
	Contact name		
		*Mr/Mrs/Miss/Ms/Other (please specify) *delete as appropriate	
	Telephone		
	Fax		
	Email address		
2.	Name of EU- Control body		
	Registration number	Tick if copy of Certification enclosed	Stamp or signature of the control body responsible
	number		for the exporter (section 3)
		Acknowledgement Slip	
Na	ame and address		
	=	—	

DO NOT DETACH

Section 2 – Details of product(s) to be imported

- 3. Third country from which the products are to be imported:
- 4. Product list: Details of the agricultural products and/or foodstuffs which are to be imported, and estimated annual quantities.

Product description	Scientific Name	CN-Code	In conversion (C)* Organic (O)	Estimated annua quantity (please specify SI-unit: kg, l)		
*Please indicate start of the If necessary continue with a separate sheet and tick If the product is composed	h the product list this box.	according to		_		nued in annex no product, see Annex A.
of the ingredients and pro product specification shee each product, attach the p	ocessing aids of e et (Annex A). Us	each product e a separate	on the sheet for		cont	np or signature of the trol body responsible ne exporter (section 3)

_...

Logo of the competent authority

Your application form was received by [*Competent Authority*] on the date shown. Keep this receipt. It does not imply that your application will be successful or that it is complete but it does provide proof that your application was received by [*Competent Authority*] on that date.

Reference number

Please	quote	this	reference	number	in	all	future
correspo	ondence	about	this applicati	on.			

Receipt Stamp						

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B Operations in the third country

Se	ection 3 – Detai	ils of th	e exporter in the thi	rd co	ountry			Official Use only
5.	Company name							
	Full postal address							
		Country:						
	Contact name							
		*Mr/Mrs/M	liss/Ms/Other (please specify)			*delete as appropriate	e	
	Telephone	(+)					
	Fax	(+)					
	Email address							
6.	Name of the control body of the exporter	Name:						
	Full postal address	Date of la	ast inspection:					
	Contact name	*N/r/N/rc/N/	liss/Ms/Other (please specify)			*delete as		
	Telephone	(+		<u> </u>		appropriat	ie	
	Fax	(+)					
	Email address)					
	Proof of complianc Please provide evic the certification hel exporter to Reg. (Ec is assessed by the	dence how d by the s C) No. 834	w equivalence of suppliers of the		certificate Informati	tion/Accredi enclosed. on as annex r		
							cont	op or signature of the rol body responsible e exporter (section 3)

Only if different to question 6, give the name and address of the third country body responsible for issuing the certificates of inspection (Article 15 of Reg. 1235/ 2008) for the products to be imported to the EU.

7.	Company name		
	Full postal address		
	Contact name	*Mr/Mrs/Miss/Ms/Other (please specify) *delete as appropriate	
	Telephone	(+)	
	Fax	(+)	
	Email address		
S	prep Please tick this bo out the most recen	ils of the operator carrying out the most recent paration operation in the third country if the exporter and the operator carrying t preparation operation in the third country you do not need to complete section 4.	
8.	Company name		
	Full postal address	Country:	
	Contact name	*Mr/Mrs/Miss/Ms/Other (please specify) *delete as appropriate	
	Telephone	(+)	
	Fax	(+)	
	Email address		
9.	Name of the control body of this operator	Same as for the exporter. In other cases: Name: Date of last inspection:	
	Proof of complianc	e with ISO 65 / EN 45011 Confirmation/Accreditation certificate enclosed.	Stamp or signature of the control body responsible for the exporter (section 3)

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Section 5 – Details of the preparation/processing and agricultural production unit(s) in the third country

Please tick the box below if more than **three** preparation/processing units and/or **five** agricultural production units are involved. In this case, please attach a flowchart indicating the product flow and all preparation units as well as agricultural production units involved including the following information:

1.	Preparation/processing units:
	Name and address, third country, control body in the third country, date of last
	inspection. Please attach copies of certificates if available.

 Agricultural production units: Name and address, third country, control body in the third country, organic and conventional area, start of conversion period, date of first and last inspection Please attach copies of certificates if available.

If you enclose a flowchart including the necessary information to this application, you do not need to complete item 10 and 12. Do not forget to complete item 11 and 13.

Flowchart enclosed as annex no.

10. Processing/Preparation units

Name and address	;	Third country	Date of last inspection
Α			
Type of processing			Tick if copy of certificate for unit enclosed
Control body	Same as for the	e exporter.	
Full Name	Address		Proof of ISO 65 compliance*

Name and address		Third country	Date of last inspection
В			
Type of processing			Tick if copy of certificate for unit enclosed
Control body	Same as for the	e exporter.	
Full Name	Address		Proof of ISO 65 compliance*

*Proof of ISO 65 – compliance for the control body:

Please quote numbers:

1: Confirmation by a competent authority 2: Accreditation certificate

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Full Name Address Proof of ISO 65 compliance* Proof of ISO 65 – compliance for the control body: Image: Compliance for the control body: Please quote numbers: 1: Confirmation by a competent authority 2: Accreditation certificate Stamp or signation body:					Official Us
Tick if copy of certificate for unit enclosed Import of ISO 65 - compliance for the control body: Prease quote numbers: 1: Confirmation by a competent authority 2: Accreditation certificate In Production rules and control measures for processing/preparation units in the third country Please indicate differences between the production rules in the third country and the the provisions of Reg. (EC) No. 834/2007 and 889/2008 Differences see annex It Agricultural production units Name and address Organic and conventional area Date of first inspection Trick if copy of certificate It acountry: Trick if copy of certificate It acountry: Trick if copy of certificate It acountry: Trick if copy of certificate Third country: Trick if copy of certificate Torutof body	Name and address		Third country		
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for unit enclosed for unit enclosed	ype of processing			Tick if copy of certificate	
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Start of conversion period Date of last inspection hird country:	D	0	rganic (ha):		
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control body				Г	
		2: Accreditati	on certificate		Stamp or signatur
for the expor					control body respective for the exporter (see

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Name and address		Organic and conventional area	Date of first inspection
E		Organic (ha): Conventional (ha):	
		Start of conversion period	Date of last inspection
Third country:			
Products produced / Status (Conventional (CO), in conversion (C), Organic (O))			Tick if copy of certificate for unit enclosed
Control body	Same as for the exporter.		
Full Name	Address		Proof of ISO 65 compliance*

Name and address		Organic and conventional area	Date of first inspection	
F		Organic (ha): Conventional (ha):		
		Start of conversion period	Date of last inspection	
Third country:				
Control body:				
Products produced / Status (Conventic	onal (CC	D), in conversion (C), Organic (O))	Tick if copy of certificate for unit enclosed	
Control body	🗌 Sai	Same as for the exporter.		
Full Name	Addres	SS	Proof of ISO 65 compliance*	

Name and address		Organic and conventional area	Date of first inspection		
G		Organic (ha): Conventional (ha):			
		Start of conversion period	Date of last inspection		
Third country:					
Control body:					
Products produced / Status (Conventional (CO), in conversion (C), Organic (O))			Tick if copy of certificate for unit enclosed		
Control body	🗌 Sa	ame as for the exporter.			
Full Name	Addres	35	Proof of ISO 65 compliance*		

*Proof of ISO 65 – compliance for the control body:

Please quote numbers:

1: Confirmation by a competent authority 2: Accreditation certificate

Stamp or signature of the control body responsible for the exporter (section 3)

Name and address	Organic and conv	ventional area Date of first inspe	ection
Н	Organic (ha): Conventional (ha):		
	Start of convers	sion period Date of last inspe	ection
Third country:			
Control body:			
Products produced / Status (Convent	ional (CO), in conversion (C), O	Organic (O)) Tick if copy of certific for unit enclosed	ate
Control body	Same as for the exporter.		
Full Name	Address	Proof of ISO 65 com	pliance*
	Confirmation by a competer Accreditation certificate ontrol measures for agr		
Do cooperatives, grower g produce the product(s)? Please indicate differences the provisions of Reg .(EC	s between the production	Yes, Annex B enclo	е
Section 6 – Supportir	ng documentation		
14. Documentation availab	le		
Please indicate the docum support your application. T		uest of the competent authority x(es).	to
Inspection reports of the c	ontrol body in the third co	ountry/third countries for	
the exporter			
the processing/pre	eparation unit(s)		
the agricultural pro	oduction unit(s)		
_ 5 1			
			S c fo

Section 7 – Declarations

7.1 Declaration of the control body of the exporter in the third country:

This application was submitted to me. Each page of this application was signed or stamped by me. The units mentioned in section 3, 4 and 5 of this application are subject to production rules as well as to control procedures regarding the production of organic products.

I declare that:

- for every product mentioned in section 2 supplied by the exporter and received from the suppliers mentioned in section 4 and 5, differences of the applied production rules and control measures from the requirements laid down in Title III and IV of Council Regulation (EC) No. 834/2007 as amended have been identified and examined.
- Taking into account these differences, we consider the applied production rules to be at least equivalent to those laid down in Title III and IV of Regulation (EC) No. 834/2007 as amended and the control measures to be as effective as the control measures according to Title V of Regulation (EC) No. 834/2007 as amended. The control measures are permanently applied and effective.
- A permanent system to ensure the non-utilization of GMO and GMO-derivatives is in place on all stages of the production chain submitted to the control measures.

Date

Signature

Position in the company

Name in block letters:

7.2 Declaration of the EU-importer:

Legal basis for my application is Article 19 of Regulation (EC) No. 1235/2008.

I declare that:

- I have read and understand the Notes for Guidance; and
- the product(s) which I intend to import fulfil to the best of my knowledge the conditions laid down in Article 33 (1) of Regulation (EC) No. 834/2007 as amended and Article 19 of Regulation (EC) No. 1235/2008; and
- I agree to the sanctions according to Article 30 of Regulation (EC) No. 834/2007 as amended in case of irregularities and manifest infringements.

Date

Signature

Position in the company

Name in block letters:

Stamp of the control body responsible for the exporter (section 3)

Official Use only

ONLY FOR USE IN THE CASE OF PRODUCTS WITH MORE THAN ONE INGREDIENT AND/OR UTILIZATION OF PROCESSING AIDS

Name of the product:

Recipe of the product at the time of processing:

	Name of ingredients		% weight
Organic agricultural ingredients:			
Sum	 		
Non-organic agricultural ingredients:			
Sum			
Certain products and substances for use in production of processed organic food		INS-No.	
Sum			
Total			100%

Stamp or signature of the control body responsible for the exporter (section 3)

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ONLY FOR USE IN THE CASE OF GROWER GROUPS

15.	Details of the grower group	Official Use only
	Type of group:	
	Co-operative Contract growers Other (please specify), see annex	-
	Number of small-scale farmers at the date of last inspection:	
16.	Internal control system (ICS) Note: Tick the corresponding box. If Yes : please include a page reference to the last Inspection report of the external control body responsible for the grower group.	
	Grower contracts covering compliance with organic standards and ICS available?	
	☐ Yes, see □ No	
	Defined responsibilities in the management of the grower group for the ICS?	
	Yes, see No	
	Description of each small-scale farm including maps of land parcels, preparation and storage facilities available?	
	Yes, see No	
	Technical Assistance and internal inspection separated?	
	Yes, see No	
	Internal inspection conducted at least one a year, covering 100% of small-scale farmers per year?	
	Yes, see No	
	Sanctions imposed by the grower group itself on members due to irregularities?	
	☐ Yes, see	
17.	External inspection Note: Tick the corresponding box. If Yes : please include a page reference to the last report of the external control body responsible for the grower group.	
	Number of small-scale farmers externally inspected at the date of last inspection:Percentage of small-scale farmers externally inspected at the date of last inspection:%	
	ICS evaluated by the control body?	
	Yes, see No	
	Functionality and effectiveness of the ICS confirmed by the control body?	
	c	Stamp or signature of the control body responsible or the exporter (section 3)