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Logo of the competent  
authority

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

Ref. No.

## 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].
- 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]

## A EU-Operations

### 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
☐

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control body responsible  
for the exporter (section 3)

### Acknowledgement Slip

Name and address

—

DO NOT DETACH

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- | Product description | Scientific Name | CN-Code | In conversion<br>(C)*<br>Organic (O) | Estimated annual<br>quantity<br>(please specify<br>SI-unit: kg, l) |
|---------------------|-----------------|---------|--------------------------------------|--|
|                     |                 |         |                                      |  |

☐ Multi-ingredient product, see Annex A.

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

## Receipt Stamp

*Please quote this reference number in all future correspondence about this application.*

## B Operations in the third country

### Section 3 – Details of the exporter in the third country

<b>5. Company name</b>	<input type="text"/>
<b>Full postal address</b>	<input type="text"/>
	Country: <input type="text"/>
<b>Contact name</b>	<input type="text"/>
	*Mr/Mrs/Miss/Ms/Other (please specify) <input type="text"/> *delete as appropriate
<b>Telephone</b>	(+ <input type="text"/> )
<b>Fax</b>	(+ <input type="text"/> )
<b>Email address</b>	<input type="text"/>
<b>6. Name of the control body of the exporter</b>	<input type="text"/>
	Name: <input type="text"/>
	Date of last inspection: <input type="text"/>
<b>Full postal address</b>	<input type="text"/>
<b>Contact name</b>	<input type="text"/>
	*Mr/Mrs/Miss/Ms/Other (please specify) <input type="text"/> *delete as appropriate
<b>Telephone</b>	(+ <input type="text"/> )
<b>Fax</b>	(+ <input type="text"/> )
<b>Email address</b>	<input type="text"/>

#### Proof of compliance with ISO 65 / EN 45011

Please provide evidence how equivalence of the certification held by the suppliers of the exporter to Reg. (EC) No. 834/2007 as amended is assessed by the control body of the exporter.

- ☐ Confirmation/Accreditation certificate enclosed.
- ☐ Information enclosed as annex no. \_\_\_\_

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**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.

☐ Not applicable

<b>7. Company name</b>	<input type="text"/>
<b>Full postal address</b>	<input type="text"/>
<b>Contact name</b>	<input type="text"/>
	*Mr/Mrs/Miss/Ms/Other (please specify) <input type="text"/> *delete as appropriate
<b>Telephone</b>	(+ <input type="text"/> )
<b>Fax</b>	(+ <input type="text"/> )
<b>Email address</b>	<input type="text"/>

#### Section 4 – Details of the operator carrying out the most recent preparation operation in the third country

*Please tick this box if the exporter and the operator carrying out the most recent preparation operation in the third country are identical. Then you do not need to complete section 4.* ☐ same as exporter

<b>8. Company name</b>	<input type="text"/>
<b>Full postal address</b>	<input type="text"/>
	Country: <input type="text"/>
<b>Contact name</b>	<input type="text"/>
	*Mr/Mrs/Miss/Ms/Other (please specify) <input type="text"/> *delete as appropriate
<b>Telephone</b>	(+ <input type="text"/> )
<b>Fax</b>	(+ <input type="text"/> )
<b>Email address</b>	<input type="text"/>
<b>9. Name of the control body of this operator</b>	<input type="checkbox"/> Same as for the exporter. <b>In other cases:</b> Name: <input type="text"/> Date of last inspection: <input type="text"/>

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**Proof of compliance with ISO 65 / EN 45011**

☐ Confirmation/Accreditation certificate enclosed.

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

## 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.

2. 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
<b>A</b>		
Type of processing		Tick if copy of certificate for unit enclosed <input type="checkbox"/>
Control body	<input type="checkbox"/> Same as for the exporter.	
Full Name	Address	Proof of ISO 65 compliance*

Name and address	Third country	Date of last inspection
<b>B</b>		
Type of processing		Tick if copy of certificate for unit enclosed <input type="checkbox"/>
Control body	<input type="checkbox"/> Same as for the 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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Name and address		Third country	Date of last inspection
<b>C</b>			
Type of processing			Tick if copy of certificate for unit enclosed <input type="checkbox"/>
Control body	<input type="checkbox"/> Same as for the 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

### 11. 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 provisions of Reg.(EC) No. 834/2007 and 889/2008

☐ Differences see annex \_\_\_\_

### 12. Agricultural production units

Name and address		Organic and conventional area	Date of first inspection
<b>D</b>		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 <input type="checkbox"/>
Control body	<input type="checkbox"/> Same as for the 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

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

Name and address		Organic and conventional area	Date of first inspection
<b>E</b>		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 <input type="checkbox"/>
<b>Control body</b>		<input type="checkbox"/> Same as for the exporter.	
Full Name	Address	Proof of ISO 65 compliance*	

Name and address		Organic and conventional area	Date of first inspection
<b>F</b>		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 <input type="checkbox"/>
<b>Control body</b>		<input type="checkbox"/> Same as for the exporter.	
Full Name	Address	Proof of ISO 65 compliance*	

Name and address		Organic and conventional area	Date of first inspection
<b>G</b>		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 <input type="checkbox"/>
<b>Control body</b>		<input type="checkbox"/> Same as for the 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

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

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Name and address		Organic and conventional area	Date of first inspection
<b>H</b>  Third country: Control body:	Organic (ha): Conventional (ha):		
	Start of conversion period		Date of last inspection
Products produced / Status (Conventional (CO), in conversion (C), Organic (O))			Tick if copy of certificate for unit enclosed <input type="checkbox"/>
Control body	<input type="checkbox"/> Same as for the 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

### 13. Production rules and control measures for agricultural production units in the third country

Do cooperatives, grower groups or contract growers produce the product(s)?

- ☐ No.  
☐ Yes, Annex B enclosed.

Please indicate differences between the production rules in the third country and the provisions of Reg.(EC) No. 834/2007 and 889/2008

☐ Differences see annex \_\_\_\_

## Section 6 – Supporting documentation

### 14. Documentation available

Please indicate the documentation available on request of the competent authority to support your application. Tick the corresponding box(es).

Inspection reports of the control body in the third country/third countries for

- ☐ the exporter  
☐ the processing/preparation unit(s)  
☐ the agricultural production unit(s)

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



## 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)**

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**Annex A**

**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:

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

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

## ONLY FOR USE IN THE CASE OF GROWER GROUPS

### 15. Details of the grower group

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 \_\_\_\_\_ ☐ No

### 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?*

☐ Yes, see \_\_\_\_\_ ☐ No

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for the exporter (section 3)