

To be completed by the applicant

CHARACTERIZATION OF THE APPLICANT COMPANY		
Name:		
Company number:		Responsible:
Address:		
Province State:		Country:
Telephone:	Mobile Phone:	Email:
Location of the farm:		
Contiguous farm? <input type="checkbox"/> Yes <input type="checkbox"/> No		WhatsApp number:
Represented by:		Country:
Did you have a contract with another CB? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is the CB name?		

VEGETABLE PRODUCTIONS										
CROPS							CERTIFICATION REQUERIED			
Name	Area (ha)	Irrigation Culture		Covered		Quantity Parcels	BIO	GGAP	GRASP	BioSuisse
		Yes	No	Yes	No					

ACCOUNT	
Accountant:	Adress:
Telephone:	Type of accounting:

OBSERVATIONS AND COMMENTS

We declare that the data described above is true and we authorize the performance of control actions that AGRICERT understands as convenient.

Date: / / Signature: _____
(dd/mm/yyyy)