**Part 1: General Information**

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| --- | --- | --- |
| Company Name: |  |  |
| Address: |  |  |
| Contact Person: |  |  |
| Telephone: |  |  |
| Email: |  |  |

**Part 2: Production information**

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| **Type of Production / Activity** |
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| **Type of Products** |
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| **Supply Chain Module** | |
| **Segregation** | Yes  No |
| The Segregation (SG) Model assures that MSPO certified palm oil products delivered to the end users come only from MSPO SG certified sources. It permits the mixing of certified palm oil products from a variety of MSPO SG certified sources. | |
| **Mass Balance** | Yes  No |
| The Mass Balance (MB) Model administratively monitors the trade of MSPO certified palm oil products throughout the entire supply chain. The MB Model allows for mixing of MSPO and non-MSPO certified palm oil products at any stage in the supply chain provided that overall site quantities are controlled. | |

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| **Type of site for certification** | | |
| **Type** | **Description** | **Double “click” on box to select** |
| Single Site Only | * Only **ONE** operational unit is being certified * For Single Site, please fill out the location address information that best describes the operational unit seeking certification |  |
| Multiple-Sites | * All operational units included in the multi-site certification shall be represented by a Central Office or ICS as described above * For multi-site, the location address might also be same as one of operational unit’s seeking certification |  |

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| **Location Address For Multi-Site Certification** | |
| Not applicable to Single Site Certification | |
| **Name of Facility** | **Location address of the ICS (Applicable to Multi-Site Certification Only)** |
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| **Operational Unit(S) To Be Included In This Audit Scope (Add/Remove Lines)** | | |
| **Name of Facility** | **Location Address** | **Supply Chain Model** |
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| **Outsourcing Unit (MSPO SCC Element) E.G. Storage Tank, Bulking Station** | | | | |
| **Name of Contractor** | **Address** | **GPS Coordinates\*\*** | | **Scope of outsourcing** |
| **Longitude** | **Latitude** |
|  |  |  |  |  |

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| --- | --- | --- |
| **Subcontractor (MSPO SCC element)** | | |
| **Name of Contractor** | **Address** | **Scope of Work** |
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| **Were you supported by a consultant?** |  | No |  | Yes; by: |  |

1. **Type of documentations available \***

|  |  |
| --- | --- |
| **Document No** | **Document Title** |
|  |  |
|  |  |
|  |  |

**\*** provide list or fill up

We hereby confirm that all data provided in this document and its attachments is complete and correct:

For Applicant Representative use

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date |  | Name & Position |  | Signature and Company’s Stamp |

\* Please add pages or table rows where necessary

For receiving Certification Body review use

To be consider for further proposal issuance:

Accepted

Not Accepted

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date |  | Name & Position |  | Signature and Company’s Stamp |