| COMPANY: |                                | 0                           |                            |                            |             |                 |                    |      |         |  |
|----------|--------------------------------|-----------------------------|----------------------------|----------------------------|-------------|-----------------|--------------------|------|---------|--|
| Please   | fill in carefully and accurate | ly. Only the crops mentione | d below will be included i | n the certification scope. |             |                 |                    |      |         |  |
| ou       | DESTRICT                       | MUNICIPALITY                | VILLAGE / TOWN             | LOCATION NAME              | PLOT NUMBER | SURFACE<br>(Ha) | *PHASE<br>(O,IC,C) | CROP | VARIETY | DATE OF LAST APPLICATION OF SUBSTANCES NOT ALLOWED BY THE REGULATION |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         | <b>_</b>   |
|          |                                |                             |                            |                            |             | -               |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             | -               |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         | <del> </del>   |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            |             |                 |                    |      |         |  |
|          |                                |                             |                            |                            | TOTAL       | 0               |                    |      |         |  |

If necessary please add more lines



<sup>\*</sup> O = organic, IC = in conversion, C = conventional