**Part 1: General Information**

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

|  |  |
| --- | --- |
| **MSPO Standard** | |
|  | MS 2530-2-1:2022 – Part 2-1 General Principles for Independent Smallholders (SPOC) |
|  | MS 2530-2-2:2022 – Part 2-2 General Principles for Organised Smallholders (less than 40.46 hectares) |
|  | MS 2530-3-1:2022 – Part 3-1 General Principles for Oil Palm Plantations (40.46 hectares to 500 hectares) |
|  | MS 2530-3-2:2022 – Part 3-2 General Principles for Oil Palm Plantations (more than 500 hectares) |
|  | MS 2530-4-1:2022 – Part 4-1 General Principles for Palm Oil Mill including Supply Chain Requirements |
|  | MS 2530-4-2:2022 – Part 4-2 General Principles for Palm Oil Processing Facilities including Supply Chain Requirements |
|  | MS 2530-4-3:2022 – Part 4-3 General Principles for Dealers including Supply Chain Requirements |

**Part 2: Production information**

1. **Oil Palm Mill**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Mill** | **Location and Geo Coordinates** | **Average Annual Output** | | **Mill Capacity (MT)** |
| **CPO (MT)** | **PK (MT)** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Estates / Organised smallholders / Independent smallholders\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Estate** | **Location and Geo Coordinates** | **Area Summary** | | **Average Annual FFB Production (MT)** |
| **Total (ha)** | **Planted (ha)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*whichever applicable.

1. **Processing Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Processing Facility** | **Location and Geo Coordinates** | **Average Annual Output (MT)** | **Mill Capacity (MT)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Dealer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Dealer** | **Location and Geo Coordinates** | **Average Annual FFB / Output (MT)** | **Ramp Capacity (MT)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Other information**
2. **Land Area**

|  |  |  |
| --- | --- | --- |
|  | **Estimated Hectare** | **Description / Remarks** |
| Identified HCV areas\* |  |  |
| Peat land |  |  |
| Fragile soils (acid sulphate, sandy, etc...) |  |  |
| Planted areas (> 25°) |  |  |
| New planting areas |  |  |

\* HCV areas include areas of high biodiversity, areas containing rare, endangered or threatened species or ecosystems, areas that meet needs of local communities for subsistence or health, or areas of cultural or religious significance

1. **Known Issues / Concerns** (Previous and Ongoing)

|  |  |
| --- | --- |
|  | **Description** |
| Land disputes |  |
| Compensation payments |  |
| Legal disputes |  |
| Labour / social disputes |  |
| Others |  |

1. **Permits, Licenses and Approvals:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site Permit |  | Land use Title |  | HCV |  |
| Estate MPOB License |  | EIA |  | Others: |  |
| Mill MPOB License |  | Replanting Permit |  |  |  |

**Note:** V: Available A: Applied 0: In Progress X: No

1. **Suppliers of Materials and Services:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** | **Contact Person** | **Telephone** | **E-mail** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Estates / organized smallholders not included in Certification:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of estates or smallholders** | **Location and Geo Coordinates** | | | **Area Summary** | | | | | **Plans to include** |
| **Total** | | | **Planted** | |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
| 1. **Are you supported by a consultant?** | | |  | No | |  | Yes; | | Name: | | |

1. **Is your company already certified? (Existing certifications)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate No.** | **Standard** | **Certification Body** | **Date of certificate** | **Certificate  validity** |
|  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| 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 |