

This application form is for organizations that want PEFC CoC certification by PT Intishar Sadira Eshan. Please complete all requests for information on this form. If there is something you don't understand, please contact us for an explanation.

All information contained in this application form will be treated as confidential information.

I. ORGANIZATION INFORMATION

A. Name and Address

1. Legal Name :
2. Legal Status :
3. Trade name (if applicable) :
4. Address :

B. Contact person

1. Contact Name :
2. Title :
3. Phone :
4. email :

C. Business category

1. Type of business *(please check all that apply)*

Manufacturer

- Primary
(e.g. sawmill, chipmill, veneer mill)
- Secondary
(e.g. furniture, housing component, laminated finger joint)
- Printer

Trader

- Trader with physical possession of product
- Trader without physical possession of product

2. Business process information

(Please describe your business process in this box)

D. Annual turnover

(Please describe your company's annual turnover)

II. SCOPE OF CERTIFICATION

A. Number of site *(please check that apply)*

- Single-site organization
- Multi-site organization *(please include detail in Annex 1)*
- Producer group organization *(please include detail in Annex 1)*

B. Product/Product Group and CoC Method *(please check all that apply)*

Site code	CoC Methode Applied			Expected Trademark use	
	Physical Separation	Percentage	Credit Account	On-product	Off-product
<i>(see Annex 1 or 2)</i>					

III. ADDITIONAL INFORMATION

1. Internal Audit

Has your organization conducted an internal audit of the PEFC CoC management system?

- No
- Yes *(if yes, please attached your latest Internal Audit Report)*

2. Certificate owned

Is your organization already certified according to PEFC, FSC or other certification scheme?

- No
- Yes *(please describe)*

3. Outsourcing

Do you plan to subcontract to third parties activities related to the handling, production or storage any of your certified materials?

- No
- Yes *(if yes, please provide further information in Annex 2)*

4. Consultant

Has your organization used the services of a consultant to prepare a management system or conducted an internal audit of your organization in the last 3 years?

- No
- Yes (if yes, please provide the name of the company and consultant)

ANNEX 1: Multi-site Organization / Producer Group

Site detail:

Code	Company name & Address	Number of employees	Annual turnover	Activity/ Type of business
Central office				
Site 1				
Site 2				
Site 3				
Site 4				
Site 5				

ANNEX 2: Outsourcing Information

Subcontractors detail:

Company name	Address	Outsourced Activity	Certificate held by subcontractor