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.**

1. **ORGANIZATION INFORMATION**
	1. **Name and Address**

|  |  |  |
| --- | --- | --- |
| * + 1. Legal Name
 | : |  |
| * + 1. Legal Status
 | : |  |
| * + 1. Trade name (if applicable)
 | : |  |
| * + 1. Address
 | : |  |

* 1. **Contact person**

|  |  |  |
| --- | --- | --- |
| * + 1. Contact Name
 | : |  |
| * + 1. Title
 | : |  |
| * + 1. Phone
 | : |  |
| * + 1. email
 | : |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Manufacturer |  | Trader |
|  | Primary *(e.g. sawmill, chipmill, veneer mill)* |  | Trader with physical possession of product |
|  | Secondery (*e.g. furniture, housing component, laminated finger joint)* |  | Trader without physical possession of product |
|  | Printer  |  |  |

1. Business process information

|  |
| --- |
| *(Please describe your business process in this box)* |

* 1. **Annual turnover**

*(Please describe your company’s annual turnover)*

1. **SCOPE OF CERTIFICATION**
	1. **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****)*
	2. **Product/Product Group and CoC Method** *(please check all that apply)*

|  |  |  |
| --- | --- | --- |
| **Site code** | **CoC Methode Applied** | **Expected Trademark use** |
| **Physical Separation** | **Percentage** | **Credit Account** | **0n-product** | **Off-product** |
| *(see Annex 1 or 2)* |  |  |  |  |  |
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1. **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)*
	1. **Certificate owned**

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

* No
* Yes *(please describe)*
	1. **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****)*
	1. **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** | **Outsoursed Activity** | **Certificate held by subcontractor** |
|  |  |  |  |
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