

APPLICATION FORM NATURAL COSMETICS

1. ORGANIZATION INFORMATION			
Organization Name:			
Organization's Activities & any relation with a bigger enterprise (if exists):			
VAT Reg. Num:		Tax Office:	
City/Post Code:		Address:	
Telephone Number:		Mobile Number:	
Fax:		E-mail:	
Name of Legal Representative:			
Name for contact, clarify:			Telephone Number:
Management Representative:			
Consultant:			
<input type="checkbox"/> Initial Application		<input type="checkbox"/> Application for modification: <input type="checkbox"/> Extension <input type="checkbox"/> Reduction	
2. BRIEF ORGANIZATION DESCRIPTION			
1 Description of the organization's products and activity			
2 Products to be certified			
S/N	Product ¹ (trademark)		
4 Warehouse			
During storage of natural cosmetics organization's products will ensure the avoidance of their involvement with their conventional counterparts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Transport			
During transportation of natural cosmetics products will ensure the avoidance of their involvement with their conventional counterparts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Mechanical equipment description			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Description of building facilities			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Cleaning: The organization maintains a register for these cleaning operations	
<input type="checkbox"/> Vehicles-Containers for the transport of raw materials	<input type="checkbox"/> Equipment / Machines
<input type="checkbox"/> Vehicles-Containers for the transport of finished products	<input type="checkbox"/> Pest Control / Disinfection
<input type="checkbox"/> Warehouses of raw materials	<input type="checkbox"/> Warehouse of finished products
9 Other certifications	
Is your organization certified by another standard (eg ISO 9001, HACCP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , Describe which one:	
The raw materials to be used are certified: <input type="checkbox"/> Organic Products <input type="checkbox"/> AWFA <input type="checkbox"/> Other, please specify: _____	
10 Find attached:	
<input type="checkbox"/> License	<input type="checkbox"/> Facilities plans
<input type="checkbox"/> Product IDs	<input type="checkbox"/> Flow chart of the production process
	<input type="checkbox"/> Legitimate documents
	<input type="checkbox"/> List of subcontractors

I apply for

the incorporation of the organization or the inclusion of an additional part of it in the Control and Certification system of A CERT in accordance with the requirements of the Private Standard **A CERT Natural Cosmetics**.

I declare that

that all information given in this application is true and can be verified at any time. I also declare that I will provide all required information to the Organization for the evaluation of my company's products requesting to be certified. Immediately to inform the purchasers of my products and the necessary actions in writing and to ensure that the relevant indications and marks are removed from all the products or my particular batch of goods in cases where there are irregularities and / or infringements as foreseen in the Certification Regulation **A CERT Natural Cosmetics**, with my responsibility and expenses.

I am aware of the requirements of the Certification Regulation **A CERT Natural Cosmetics** and of my obligation to comply with its provisions.

To notify any change of that description or the measures to be taken in A CERT, within 10 working days of their implementation.

Date: _____

Name/ SIGNATURE/ Stamp

For more information on completing the form, please contact A CERT A.E. telephone Nr. 2310 210777.

DO NOT NOTE BELOW LINE

TO BE COMPLETED BY THE CB

APPROVED	REJECT ¹

¹ In case of rejection, the reasons for refusal of the application are mentioned.

REASONS REFUSAL OF THE APPLICATION